

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

000002768180--8

-02/08/99--01142--016  
\*\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: APEX PAIN MANAGEMENT CENTER INC.  
(PHYSICAL THERAPY REHABILITATION & MEDICAL CENTER)  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARY G. CRUZ  
Name (Printed or typed)

2310 W. WATERS AVE. SUITE B  
Address

TAMPA FL 33604  
City, State & Zip

813 - 931 - 5857  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED  
99 FEB - 8 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Emaline Cabaredo  
GAVE  
CUT TO FILE BY PHONE TO  
NAME includes Tallahassee  
LOC. EXAMINER  
4-11-99

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

APEX PAIN MANAGEMENT CENTER, INC.  
(PHYSICAL THERAPY, REHABILITATION & MEDICAL CENTER)

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2310 W. WATERS AVE. SUITE B  
TAMPA, FL. 33604

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TALLAHASSEE FLORIDA

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMELINE CAPAREDA  
2310 W. WATERS AVE. SUITE B  
TAMPA FL. 33604

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1) MARY G. CRUZ - 8649 N. HIMES AVE. #102  
TAMPA, FL. 33614

2) EMELINE (EMELINE) CAPAREDA  
8649 N. HIME AVE #102  
TAMPA, FL. 33614

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4<sup>th</sup> day of FEBRUARY, 19 99.

(An additional article must be added if an effective date is requested.)

Mary G. Cruz  
Signature

Emeline Capareda  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is APEX PAIN MANAGEMENT CENTER, INC.  
(PHYSICAL THERAPY, REHABILITATION & MEDICAL CENTER)
2. The name and address of the registered agent and office is:

EMELINE CAPAREDA  
(NAME)

2310 W. WATERS AVE. SUITE B  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA, FL. 33604  
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Emeline Capareda  
(SIGNATURE)

Feb. 4, 1999  
(DATE)