

TRANSMITTAL LETTER

P99000092918

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

200003018902--9
-10/19/99-01085-006
*****78.75 *****78.75

SUBJECT: FLORIDA PAIN & INJURY CENTERS, INC.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

SCOTT J. MERZ, D.C.

Name (Printed or typed)

4259 16TH AVE North

Address

LAKE WORTH, FL 33461

City, State & Zip

(561) 966-8850

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 19 PM 3:34

FILED

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

No copies

T. Burch OCT 21 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA PAIN & Injury CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

4259 10th AVE. North
LAKE WORTH, FL 33461

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

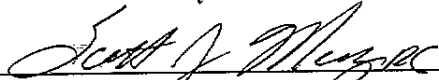
The name and Florida street address of the initial registered agent are:

SCOTT J. MERZ, D.C.
4259 10th AVE. North
LAKE WORTH, FL 33461

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SCOTT J. MERZ, D.C.
4259 10th AVE. North
LAKE WORTH, FL 33461


Signature/Incorporator

10/18/99
Date

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

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


Signature/Registered Agent

10/18/99
Date

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TALLAHASSEE, FLORIDA