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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2769
Fax Number : (954) 851-1780

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Pain Physicians of Central Florida, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

DIVISION OF CORPORATIONS

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**ARTICLES OF INCORPORATION
OF
PAIN PHYSICIANS OF CENTRAL FLORIDA, P.A.**

ARTICLE I - NAME

The name of this corporation is Pain Physicians of Central Florida, P.A. (the "Professional Association").

ARTICLE II - TERM

The corporate existence of the Corporation shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Professional Association is organized for the purpose of practicing medicine and transacting any or all lawful business for professional corporations for profit organized under the Florida Professional Service Corporation and Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Corporation, unless and until relocated, is 515 East Park Avenue, Tallahassee, FL 32301.

ARTICLE V - CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue is 1,000 shares of Common Stock, par value \$.01 per share.

**ARTICLE VI - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Corporation is 515 East Park Avenue, Tallahassee, FL 32301; and the name of the initial registered agent of this Corporation at that address is NRAI Services, Inc.

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) initial director. The number of directors may be either increased or decreased from time to time as provided in the Corporation's Bylaws, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

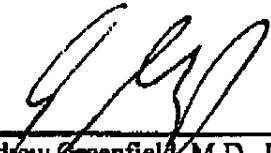
Andrew Greenfield, M.D.
c/o NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

Andrew Greenfield, M.D.
c/o NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 22 day of November, 2011.



Andrew Greenfield, M.D., Incorporator

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**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH:

That Pain Physicians of Central Florida, P.A. (the "Professional Association"), desiring to organize under the laws of the State of Florida, has named NRAI Services, Inc. as its agent to accept service of process within this state.

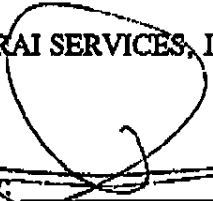
NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301

ACKNOWLEDGMENT:

Having been named to accept service of process for the Corporation, at the place designated in this Certificate, NRAI Services, Inc. hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and accepts the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 22nd day of November, 2011.

NRAI SERVICES, INC.

By: 
Name: Peter F. Souza
Title: Assistant Secretary

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