

PO2000096689

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

600007309316--7
-08/23/02--01041--025
*****78.75 *****78.75

SUBJECT: PAIN CENTER P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MARTIN NEMZOW
Name (Printed or typed)

975 ARTHUR GOOREY RD #303
Address

MIAMI BEACH, FL 33140
City, State & Zip

305 864-2744 or 305 861-1050
Daytime Telephone number

W-24669
02 SEP -9 AM 9:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bm 9/9



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 26, 2002

MARTIN NEMZOW
975 ARTHUR GODFREY RD #303
MIAMI BEACH, FL 33140

SUBJECT: PAIN CENTER P.A.
Ref. Number: W02000024669

We have received your document for PAIN CENTER P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 502A00049767

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SOUTH BEACH PAW CENTERS P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

975 ARTHUR GODFREY RD #303
MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE TREATMENT OF CHRONIC PAIN.

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PRESIDENT - THOMAS MUSKOWITZ
VICE PRESIDENT - CAROL WENGRAD
SECRETARY - JODIE STONER MUSKOWITZ
TREASURER - MARTIN NEMZOW

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARTIN NEMZOW
975 ARTHUR GODFREY RD #303
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTIN NEMZOW
975 ARTHUR GODFREY RD #303
MIAMI BEACH, FL 33140

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

MANNEMZOW

Signature/Registered Agent

08-15-2002

Date

MANNEMZOW

Signature/Incorporator

08-15-2002

Date

02 SEP -9 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED