12/07/98



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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: PUERTO RICO PAIN & REHAB CENTER, INC.

AUDIT NUMBER..... H98000022741

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0
CERT. COPIES.....0

PAGES..... 2

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 8, 1998

EMPIRE

SUBJECT: PUERTO RICO PAIN & REHAB CENTER, INC.

REF: W98000027296

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE CERTIFICATE PAGE IS NOT LEGIBLE TOO DARK AND BLURRED.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist

FAX Aud. #: H98000022741 Letter Number: 098A00057791

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PUERTO RICO PAIN & REHAB CENTER, INGLEAHASSEE, FLORIDA

The undersigned hereby associates themselves for the purpose of organizing this corporation under the laws of the State of Florida

ARTICLE I The name of this corporation is puerto Rico Pain & REHAB CENTER, INC.

ARTICLE II The purpose of this corporation is to engage in any lawful business permitted under the laws of Florida.

ARTICLE III The duration of this corporation is to be perpetual.

ARTICLE IV The initial Board of Directors shall consist of no members until the first meeting.

ARTICLE V The corporation shall be authorized to have issued and outstanding at any time no more than 1,000 shares of stock with a nominal or par value of \$1.00 per share.

ARTICLE VI The initial capital of the corporation shall be no less than \$500.00.

ARTICLE VII The initial incorporator and Subscriber to these
Articles of Incorporation shall be:
Michael P. Newman, 6655 South Dixie Highway, South
Miami Florida 31143
500 shares \$1.00 pag Value

Hichael P. Newman

ARTICLE VIII The initial Registered Agent and Registered Office of the corporation shall be Michael P. Newman. 6655 South Dixie Highway South Miami Florida 33143

cented by Michael P. Newman

ARTICLE IX The initial business office and principal place of business of the corporation shall be 6655 South Dixie Highway South Miami Florida 33143

Prepared By: Nathan Newman, Esq (FB#058782)(305)662-2007 7328 Southwest 48th Street, Miami Florida 33155

DEC-08-1998 15:31 ENLIKE COBS

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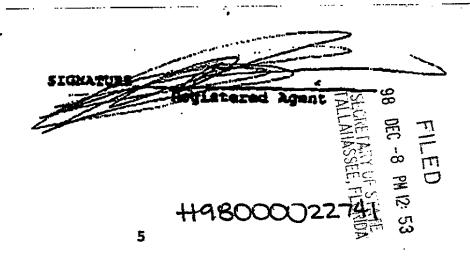
CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

First that _ PUERTO RICO PAIN & REHAB CENTER, INC.	
(Name of Corporation) desiring to organize under the laws of the State of	(Florida)
with its principal office, as indicated in the art	ticles of
incorporation has named MICHAEL P. NEWMAN	
located at 6655 S. DIXIE HWY. (Name of Registered	l Agent)
City of S. MIAMI County of	Milami Dade
(City)	(County)
State of Florida, as its agent to accept service of	f process within

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.



this sate.