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A PARTNERSHIP OF PROFESSIONAL CORPORATION

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ONE SANSOME STREET
SAN FRANCISCO, CALIFORNIA 94104
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A95000000/92

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

To Whom It May Concern:

Enclosed for filing in your office are the following:

1. Two Certificates of Limited Partnership for the above-named Partnership.
2. A Check for \$87.50 for the filing fee. (\$52.50 for the contribution made by Limited Partners and \$35.00 for designation of registered agent.)
3. An Affidavit of General Partners.

Thank you for your assistance.

Very truly yours,

Scott L. Soelberg

Scott L. Soelberg
Attorney at Law

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01/11/95 0100 001
*****50 *****50

SLS/jt

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE PAIN CONSULTANTS FAMILY
LIMITED PARTNERSHIP
A Florida Limited Partnership

The party hereto does hereby certify that an Agreement was made effective the 6th day of JANUARY, 1995, at North Palm Beach, Florida:

W I T N E S S E T H :

1. Name. The name of this Limited Partnership is THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP.

2. Address of Office Where Records are Kept. The address of the office where records are maintained pursuant to Section 620.106 is 824 Beach Club Way, North Palm Beach, Florida 33408.

3. Name and Address of Agent for Service of Process. The name and address for the agent for service of process is:

NAME

ADDRESS

Neal H. Isil

824 Beach Club Way
North Palm Beach, Florida 33408

4. Name and Business Address of General Partner. The name and business address of the General Partner is:

GENERAL PARTNER

PLACE OF BUSINESS

Neal H. Isil

824 Beach Club Way
North Palm Beach, Florida 33408

5. Mailing Address. The mailing address of this Limited Partnership is 824 Beach Club Way, North Palm Beach, Florida 33408.

FILED
JAN 10 1995
CLERK OF DISTRICT COURT
NORTH PALM BEACH, FLORIDA

6. ~~TERM~~. The Limited Partnership shall begin on the date the Certificate of Limited Partnership is filed with the Department of State, and shall continue for 25 years thereafter unless sooner dissolved by law or by agreement of the partners or unless extended by a majority agreement of the Partners.

The Undersigned as sole General Partner of this Limited Partnership executes and files this certificate as required by Sections 620.108, 620.114 and 620.116 of the above-referenced Act.

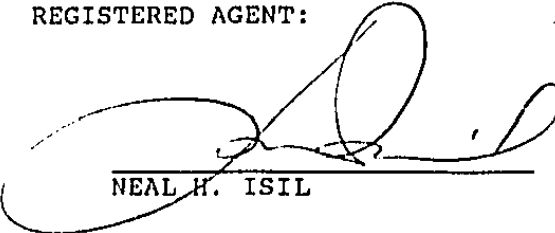
GENERAL PARTNER:



NEAL H. ISIL

I hereby acknowledge acceptance as Registered Agent for The Pain Consultants Family Limited Partnership.

REGISTERED AGENT:



NEAL H. ISIL

FILED
1995 JUN 30 11:01

AFFIDAVIT OF GENERAL PARTNER

OF

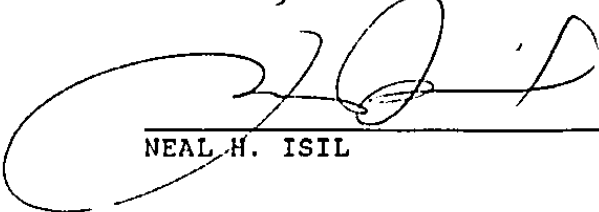
THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

STATE OF Georgia)
COUNTY OF DeKalb) ss.

The Undersigned, being the General Partner of the above-named Limited Partnership, having been duly sworn, does hereby state as follows:

1. That the Undersigned is the General Partner of the above-named Limited Partnership.
2. That the total contributions of Limited Partners in the above-named Limited Partnership do not exceed \$100.00.
3. No additional contribution by the Limited Partners is anticipated.

DATED the 6th day of JANUARY, 1995.


NEAL H. ISIL

The foregoing instrument was acknowledged before me this 6th day of JANUARY, 1995, by Neal H. Isil.

Notary Public
Residing at:

My commission expires:

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -9 PM 4:12

66
4/10

1. DOCUMENT #
A95000000192

THE PAIN CONSULTANTS FAMILY LIMITED PARTNERSHIP

824 BEACH CLUB WAY
NORTH PALM BEACH FL 33408

824 BEACH CLUB WAY
NORTH PALM BEACH FL 33408

3. Filing Date
FLORIDA
01/30/1995

3a. Filing Date
12-7-94

4. Filing Date
FL

5a. Filing Fee
\$100.00

5b. Filing Fee
\$100.

6. Filing Fee
65-0570914

7. FILING FEE
\$40.75 Additional Fee Required
for a Certificate of Status

8. FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$50.00 and a maximum of \$437.50.
2. Supplemental Fee: \$137.75 pursuant to section 607.093, F.S.
THE AMOUNT OF THE SUPPLEMENTAL FEE IS \$137.75. THE AMOUNT OF THE SUPPLEMENTAL FEE IS \$137.75. THE AMOUNT OF THE SUPPLEMENTAL FEE IS \$137.75.
MADE PAYABLE TO THE SECRETARY OF STATE

9. Name and Address of Current Registered Agent

ISIL, NEAL H
824 BEACH CLUB WAY
NORTH PALM BEACH FL 33408

10. Filing Date

FL

10a. This partnership is a limited partnership organized under the laws of the State of Florida, subject to the appointment of a registered agent for the purpose of receiving legal notices. It is a partnership organized under the laws of the State of Florida, subject to the appointment of a registered agent for the purpose of receiving legal notices.

11. Filing Date

04/11

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. General Partner

ISIL, NEAL H

11a. Address of Each General Partner

824 BEACH CLUB WAY

11b. City, State & Zip Code

NORTH PALM BEACH FL 33408

11c. Registration Document Number

N/A

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Signature of General Partner

NEAL H. ISIL

3/31/96

407/626-0896