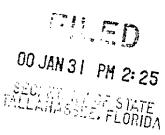
# TRANSMITTAL LETTER



Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  SUBJECT: Aupurctuse Pain Clinic, P. A.  Proposed Corporate Name  Augurctuse Pain Clinic, P.A.
Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.  ODDOS 1 1 6 1 80 5 -01/31/00-01095-014 -01/31/00-01095-014
Name (print or type)
5600 Trail BNd., Suite 5
Naples, Florida, 34108
(941) 514.1922
Area Code and Phone Number (Daytime)

DOC. EXAM DOWN BROWN

## ARTICLES OF INCORPORATION JAN 31 PM 2:25

### A Professional Association

The undersigned incorporator, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, hereby adopts the following Articles of

ARTICLE 1: NAME The name of the Professional Association shall be: Augumeture Pain Clinic, P. +
ARTICLE 2: PRINCIPAL PLACE OF BUSINESS  The principal place of business of this Professional Association shall be (give street address and zip code): 5600 Trail Blvd., State 3  Maple, 4a. 34108
ARTICLE 3: SHARES All stock issued by this Professional Association shall be common voting stock of a single class. The number of shares of stock that this Professional Association is authorized to have outstanding at any time is:  100
ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is Liga Forsytus - Michelson whose registered office is located at the place of business stated in Article 2 above.

### ARTICLE 5: PURPOSE AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of Acupuncture under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized except to the extent allowed by law. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.

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The name and street address of the incorpora	ator to these Articles of Incorporation is:
- 6130 1019 Para Plini	C
Augunetine Pain Clini	4.7
5600 Trail Blvd. Ju	<i>I</i> . 5
100 1100 24108	
15600 Trail Blvd., Sui Napas, Ha. 34108	- Auto
, , , ,	CIncorporation this 24
and arrianed incorporator has execute	ed these Articles of Incorporation and
Day of January 19 2000	ed these Articles of Incorporation this 24th  I HEREBY ACCEPT THE DESIGNATION
Day of Javas	T TTTCD2 =
	AS, REGISTERED AGENT.
	Liga Forythe-Michelson
	/
	Signature INCORPORATOR/REGISTERED AGENT
	Articles of Incorporation
	Filing Fee — \$35.00
	Timing 100
ARTICLE 7 <u>EFFEC</u> 24th, 2000 IS	TIVE PATE OF JANUARY REQUESTED JAM 8 23. P. 2:25
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