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LOCAL REPRESENTATIVE TALLAHASSEE

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FILED  
00 FEB 29 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEUROLOGICAL/NEUROSURGICAL PAIN  
(Corporation Name) (Document #)
2. MANAGEMENT CENTER, INC.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.**

**FILED**  
**00 FEB 29 AM 11:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE I NAME**

**NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.**

The name of the corporation shall be \_\_\_\_\_. The existence of this corporation shall commence upon the filing of these Articles of Incorporation and shall continue perpetually unless dissolved by law.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 8390 West Flagler St. #107, Miami, Fl. 33144.

**ARTICLE III NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock with par value of one (\$1.00) dollar per share.

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is:

**RICHARD O. GERSHANIK**  
**1000 Venetian Way #602**  
**Miami, Fl. 33180**

## ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

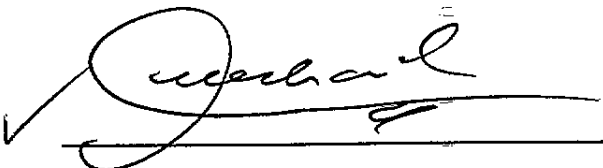
RICHARD O. GERRSHANIK  
1000 Venetian Way #602  
Miami, Fl. 33139

## ARTICLE VII OFFICERS AND DIRECTORS

The initial board of directors of the corporation shall be composed of 3 director. The name and address of the initial officers and directors shall hold office for the first year of the corporation, or until a successors are elected or appointed are:

RICHARD O. GERSHANIK, PRESIDENT 1000 Venetian Way #602, Miami, Fl. 33139  
DAVID M. GERSHANIK, V. PRESIDENT 1000 Venetian Way #602, Miami, Fl. 33139  
IRENE TERESITA SIRVENT, 3300 N.E. 191st St. #308, Aventura, Fl. 33180,  
SECRETARY.

The undersigned Incorporator has executed these Articles of Incorporation this 25 day of  
FEBRUARY, 2000.



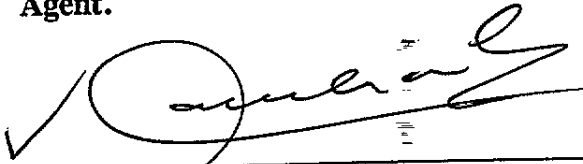
RICHARD O. GERSHANIK

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.
2. The name and address of the registered agent and office is:  
RICHARD O. GERSHANIK  
1000 Venetian Way #602  
Miami, Fl. 33139

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 the 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.



RICHARD O. GERSHANIK

Dated: FEB. 25, 2000.

**FILED**  
00 FEB 29 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA