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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**PAIN MEDICAL CENTER, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF

PAIN MEDICAL CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PAIN MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:  
2639 N. Andrews Ave., Ft. Lauderdale FL 33311

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED \$1.00(ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALEXANDER ROSENSCHTEIN, PRESIDENT & SECRETARY  
2639 N. Andrews Avenue  
Ft. Lauderdale FL 33311

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALEXANDER ROSENSCHTEIN  
2639 N. Andrews Avenue  
Ft. Lauderdale FL 33311

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of June, 2000

Signature(s) of Incorporator(s)

A. Rosenshtein

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 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: PAIN MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is:

ALEXANDER ROSENSCHTEIN

2639 N. Andrews Avenue

(P.O. BOX NOT ACCEPTABLE)

Ft. Lauderdale FL 33311

(CITY/STATE/ZIP)

SIGNATURE

A. Rosensthein

(Corporate Officer)

TITLE President

DATE June 27, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

A. Rosensthein

(Registered Agent)

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