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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-07/19/00--01003--012

131.25 *87.50

SUBJECT: Injury Specialists Clinic, Incorporated
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certificate Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Jose G. Celpa
Name (printed or typed)

104 Druid Hills Road
Address

Tampa, Florida 33617
City, State & Zip

(813) 877-4200
Daytime Telephone number

FILED
2000 JUL 19 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BC 7/19

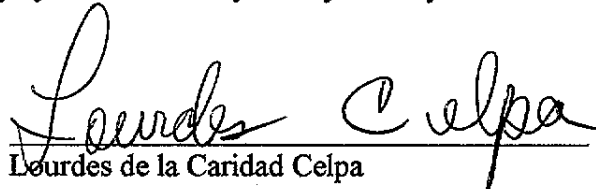
NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT OF RELEASE

BE IT ACKNOWLEDGED, that Lourdes de la Caridad Celpa, president of Injury Specialist Clinic, Inc., the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I hereby voluntarily and knowingly execute this release with the express intention of never, now or in any future date, revoking the Articles of Dissolution filed and executed by my signature this day, on behalf of the Florida corporation known as Injury Specialist Clinic, Inc. whose articles of incorporation were filed on August 13, 1999 and assigned document number P99000074002, and I affirm that the foregoing is true. I also hereby release the name to be filed as a new corporation.

Witness my hand under the penalties of perjury this twelfth day of July of the year of our Lord, 2000.


Lourdes de la Caridad Celpa

104 Druid Hills Road
Address

Tampa, Florida 33617

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

On July 12th, 2000 before me, Jose Rangel, personally appeared Lourdes de la Caridad Celpa, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature she executed the instrument.

WITNESS my hand and official seal.


Jose Rangel

ID Produced
Florida Driver's Licence # C410-524-68-836-0

(Seal)



Jose Rangel
MY COMMISSION # CC652801 EXPIRES
June 3, 2001
BONDED THRU TROY PAIR INSURANCE, INC.

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2000 JUL 19 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Injury Specialists Clinic, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2702-B Tampa Bay Blvd., Tampa, Florida 33607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten (10) Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose G. Celpa - 104 Druid Hills Road, Tampa, Florida 33617

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jose G. Celpa - 104 Druid Hills Road, Tampa, Florida 33607

- 1) This Corporation will be involved in the business of a Medical Clinic.***
- 2) The business and affairs of this corporation, will be conducted by the President.***
- 3) Ten common shares of stock will be issued with a par value of \$1.00 (one dollar) each.***

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Twelfth day of July, 2000.



Signature

Jose G. Celpa, President

Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: **Injury Specialists Clinic, Incorporated**

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

Jose G. Celpa

(Name)

104 Druid Hills Road

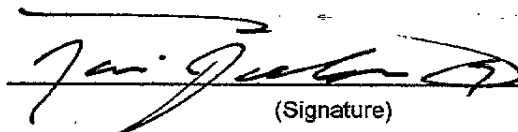
(P.O. Box not Acceptable)

Tampa, Florida 33617

(City/State/Zip)

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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.



(Signature)

Jose G. Celpa

July 12th, 2000

(Date)