CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Medical Pain Clinic of St. Petersburg Inc.

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*****70.00 *****70.00

- ✓ Art of Inc. File photo
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ____ Cert. Copy
- ✓ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

FILED
00 DEC 19 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 19 2000

Signature

Requested by:

BO _____ 12/18/00 _____ 4:00 _____
Name Date Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 6/00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Medical Pain Clinic of St. Petersburg Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1751 First Ave N.
St. Petersburg, FL. 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provider Health Care Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

David F Jackson
1751 First Ave N.
St Petersburg FL 33713

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

David F. Jackson
1751 First Ave N.
St. Petersburg, FL. 33713

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

David F. Jackson
1751 1st Ave N.
St. Petersburg FL 33713

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

David F Jackson
Signature/Registered Agent

12-15-00
Date

David F Jackson
Signature/Incorporator

12-15-00
Date