Division of Corporations

# 01000073574

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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: (850)205-0381

From:

Account Name

: CLOVERLEAF CAPITAL ADVISORS, LLC

Account Number : I19990000230

: (407)905-9699

Fax Number

: (407)905-9695

# FLORIDA PROFIT CORPORATION OR P.A.

PainCare Surgery Centers, Inc.

| Certificate of Status | Û       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$78.75 |

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Fax Audit No: 4010006846872

# ARTICLES OF INCORPORATION of PAINCARE SURGERY CENTERS, INC.

DIVISION OF CONFORATIONS

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THE UNDERSIGNED, acting as the sole incorporator of PainCare Surgery Centers, Inc. under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation of PainCare Surgery Centers, Inc. for such corporation:

#### ARTICLE 1

#### Name and Address

The name of the corporation shall be PainCare Surgery Centers, Inc., and its principal corporate address shall be initially located at 37 North Orange Avenue, Suite 500, Orlando, FL 32801.

#### ARTICLE II

#### Duration

This corporation shall have perpetual existence unless sooner dissolved according to law, and shall commence its corporate existence upon the filing of these Articles.

#### ARTICLE III

#### General Purposes

This corporation is organized for the purpose of transacting, conducting, carrying on, operating, and engaging in any activity or business pennitted under the laws of the State of Florida, and the United States.

#### ARTICLE IV Shares

The aggregate number of shares which the corporation shall have authority to issue is 1,000,000, consisting of a single class of common stock, \$.001 par value per share.

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#### ARTICLE V

#### **Initial Registered Office and Agent**

The address of the Registered Office of the corporation is 2710 Rew Circle, Suitc 100, Ocoee, FL 34761 (which is the same as its initial principal address), and the initial Registered Agent at such address is E. Nicholas Davis, III.

#### **ARTICLE VI**

#### **Initial Board of Directors**

The number of Directors constituting the initial Board of Directors of the corporation is one (1). The number of Directors may be increased from time to time pursuant to the provisions of the bylaws of the corporation, but in no event shall the number of Directors be less than one (1). The name and address of the person who is to serve as the initial Director until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and qualified is as follows:

Mark Szporka
PainCare Surgery Centers, Inc.
37 North Orange Avenue, Suite 500
Orlando, FL 32801

Randy Lubinsky
PainCare Surgery Centers, Inc.
37 North Orange Avenue, Suite 500
Orlando, FL 32801

#### ARTICLE VII

#### Incorporator

The name and address of the sole incorporator of the corporation is: E. Nicholas Davis, III., 2710 Rew Circle, Suite 100, Ococe, FL 34761.

#### <u>ARTICLE VIII</u>

#### Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds shall have the right to purchase his prorata Whavis'eMy Documents WainCare Surgery Centers, Inclanticles of Incorporation.doc

Fax Audit Number: + 01000816872

Prepared by: E. Nicholas Davis III

Cloverleaf Capital Advisors, LLC

2710 Rew Circle, Suite 100

Ocoee, FL 34761

407-905-9699

Fax Audit No: H010000846872

share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE IX

#### Conference Meetings

Members of the Board of Directors may participate in meetings of the Board of Directors by means of conference telephone as provided by law.

#### ARTICLE X

#### **Action By Consent**

The directors of this corporation may take action by written consent as provided by law.

#### ARTICLE XI

#### Indemnification

This corporation shall indemnify any officer or director or any former officer or director to the fullest extent permitted by law.

IN WITNESS WHEREOF, these Articles of Incorporation have been signed by the undersigned incorporator on this 24<sup>th</sup> day of July, 2001.

E. Nickolas Davis, III

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|--|--|
| STATE OF FLORIDA   | )  |
| COUNTY OF ORANGE   | )<br>)   |
| supplied incorporator, and registered age executed as said incorporator ar | 2001, before me, a Notary Public in and for the State and County Nicholas Davis, III, who either is known to me personall or who as identification, acknowledged to the fact that he is the tent of PAINCARE SURGERY CENTERS, INC., and that he ad registered agent the foregoing Articles of Incorporation of said and as the act and deed of said corporation. |

WITNESS my hand and seal of office on the date and year first aforesaid.

Notary Public Commission expires:

[Notarial Seal] \*\* My Commission CC932074

Expires April 30 2004

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### ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

THE UNDERSIGNED, an individual resident of the State of Florida, having been named in the foregoing Articles of Incorporation as Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that he is familiar with, and hereby accepts, the obligations set forth in Section 607.0505, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to him as Registered Agent of the corporation.

DATED, this 24th day of July, 2001

E. Nicholas Davis, III, Registered Agent

SECRETARY OF STATE DIVISION OF CORPORATIONS

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