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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

Medical Pain Consultants, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	~~01~~ 02
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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B. McKnight OCT 1 1 2001

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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:

Medical Pain Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1915 Sans Souci Blvd.
North Miami Beach, FL 33181-3019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business endeavors.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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ARTICLE VI REGISTERED AGENT

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

Bruce Chaimowitz, Esquire
Scholl, Tickin and Associates, P.A.
5295 Town Center Road, 3rd Floor
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Bangerter
1915 Sans Souci Blvd.
North Miami Beach, FL 33181-3019

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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

Signature/Registered Agent — Date: 10/10/01

Maria Bangerter
Signature/Incorporator — Date: 10/10/01