OFFICE US 3320 S.V. 87 AVENUE 900004672499--4 -11/08/01--01051--007_ MIAME, FLORIDA (305)552-5973 *****78.75 *****78.75 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): TIONAL AND MEDICAL PAINCLINIC, (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time → Walk in Certificate of Status Photocopy Will wait Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FUNGS QUALIFICATION Annual Repotit Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademaik Examiner's Initials Other

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:

Interventional and Medical Pain Clinic, Inc.



<u>ARTICLE II - PRINCIPAL OFFICE</u>

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

2140 West 68 Street, Suite 200 Hialeah, Florida 330]6

ARTICLE III -SHARES

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

100 shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carola M. Vargas-Leon 2]40 West 68 Street Suite 200 Hialeah, Florida 330]6

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Carola M. Vargas-Leon 2140 West 68 Street, Suite 200 Hialeah, Florida 33016

The undersigned incorporator has executed these Articles of Incorporation this __lstday of ___November __ 20_01_

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ARTICLE VI- DIRECTOR(S)

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

Carola M. Vargas-Leon

2140 West 68 Street, suite 200 Hialeah, Florida 33016

01 NOV -8 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature