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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI-DADE PAIN CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION
OF
MIAMI-DADE PAIN CENTER, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby acknowledge and file in the office of the Secretary of State of the State Of Florida, for the purpose of forming a Corporation for profit, in accordance with the Laws of State Of Florida, and do hereby adopt the following Articles of Incorporation.

ARTICLE 1

The name of the Corporation shall be :
MIAMI-DADE PAIN CENTER, INC.

ARTICLE 2

The general nature of the business and business to be transacted are as follows:
This Corporation may engage in any activity or business permitted under the Laws of the UNITED STATES OF AMERICA and the STATE OF FLORIDA.

ARTICLE 3

SHARES

- a) The authorized capital stock of this Corporation shall consist of one class, namely common stock.
- b) The authorized capital stock of this Corporation shall consist of FIVE HUNDRED SHARES of Common Stock, NO-PAR VALUE.

ARTICLE 4

The Corporation shall have perpetual existence.

ARTICLE 5

The amount of capital with which this Corporation shall begin shall be not less than FIVE HUNDRED DOLLARS. (\$ 500.00).

Prepared by
CARIDAD LABRADOR
13985 SW 20th ST.
MIAMI, FL. 33175
(305) 643-6455

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ARTICLE 6

The initial Post Office address of principal place of business of this Corporation shall be 13985 SW 20th ST. MIAMI, FL. 33175

ARTICLE 7

The Corporation shall have not less than one nor more than five Directors as provided by the Bylaws and they shall hold office for one year or until their successors have been duly elected.

ARTICLE 8

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
CARIDAD LABRADOR	PRESIDENT-SECRETARY	13985 SW 20th ST. MIAMI, FL. 3317

ARTICLE 9

The registered agent of this Corporation shall be

CARIDAD LABRADOR 13985 SW 20th ST. MIAMI, FL. 33175

ARTICLE 10

The names and Post Office addresses of the subscribers to the ARTICLES OF INCORPORATION are as follows :

<u>NAME</u>	<u>ADDRESS</u>
CARIDAD LABRADOR	13985 SW 20th ST. MIAMI, FL. 33175

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SUBSCRIBED at Miami, Dade County, Florida, this 9 day of JANUARY,
A.D. 2002.

x 


CARIDAD LABRADOR

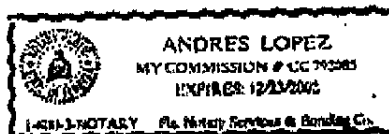
STATE OF FLORIDA)
COUNTY OF DADE) SS:

I certify that on this day before me, a Notary Public of the State of Florida,
duly qualified and acting, personally appeared CARIDAD LABRADOR

to me well known, and being by me first duly sworn and cautioned, upon their oath
deposed and said that they acknowledged that they had signed the above and foregoing
ARTICLES OF INCORPORATION for the purposes therein set forth.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 9
day of JANUARY A.D., 2002.


NOTARY PUBLIC



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That MIAMI-DADE PAIN CENTER, INC.
desiring to organize under the laws of the State of FLORIDA with its
principal office, as indicated in the Articles of Incorporation at
City of MIAMI County of MIAMI-DADE State of
Florida, has named CARIDAD LABRADOR
located at 13985 SW 20th ST.
City of MIAMI, County of DADE
State of Florida, as its Agent to accept service of process within
this State.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated
Corporation, at place designated in these Articles of Incorporation,
I, hereby, accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.

BY 
(REGISTERED AGENT)
CARIDAD LABRADOR

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