CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Art of Inc. File 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____ Signature Vehicle Search_ Driving Record__ Requested by: UCC 1 or 3 File UCC 11 Search Name/ Date

UCC 11 Retrieval_

Time

ARTICLES OF INCORPORATION OF SOUTH FLORIDA PAIN AND INTEGRATIVE MEDICINE CENTER, INC.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation is SOUTH FLORIDA PAIN AND INTEGRATIVE MEDICINE CENTER, INC.

ARTICLE II DURATION

This corporation shall have a perpetual existence, commencing on the date of the filing of these articles with the Florida Department of State.

ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue one hundred (100) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V PRE-EMPTIVE 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 share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is:

7800 SW Red Road, Suite 309 Miami, FL 33143

The name of the initial registered agent of this corporation at that address is:

Lawrence E. Goodman

ARTICLE VII PRINCIPAL OFFICE

The street address of the principal office of the corporation and the mailing address of the corporation are:

7800 SW Red Road, Suite 309 Miami, FL 33143

ARTICLE VIII INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time in accordance with the by-laws, but shall never be less than one (1). The name and address of the initial director of this corporation are:

Lawrence E. Goodman 7800 SW Red Road, Suite 309 Miami, FL 33143 The person named as the initial director shall hold office for the first year of existence of this corporation or until his successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE IX INCORPORATOR

The name and address of the person signing these articles are:

Lawrence E. Goodman 7800 SW Red Road, Suite 309 Miami, FL 33143

ARTICLE X INDEMNIFICATION

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

ARTICLE XI AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, in the manner provided by law, and any right conferred upon the shareholder is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these articles of incorporation on this <u>27</u> day of May, 2002.

JAWRENCE E. GOODMAN

	STATE OF FLORIDA SS:		
	COUNTY OF MIAMI-DADE)		
=	Sworn to, subscribed and acknowledged before me this 27 day of		
	May, 2002, by LAWRENCE E. GOODMAN.		-
	[Notarial seal]	Bbc	
		Notary Public, State of Florida	=
_	BRUCE B LITWER MY COMMISSION # CC 883752 EXPIRES: Oct 29, 2003 1-800-3-NOTARY Fla. Notary Service & Bonding Co.	Printed name of notary public	1 Nowella
F		Commission number	e ., .,
- 	Personally known OR produced	l identification	
=	Type of identification produced		<u> </u>

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and the registered agent in the State of Florida.

- 1. The name of the corporation is SOUTH FLORIDA PAIN AND INTEGRATIVE MEDICINE CENTER, INC.
- 2. The name and address of the registered agent and registered office are:

Lawrence E. Goodman 7800 SW Red Road, Suite 309 Miami, FL 33143

LAWRENCE E. GOODMAN Incorporator and Director

Date: May <u>27</u>, 2002

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

<u>Hawrence E. GOODMAN</u>

Date: May 27, 2002