CT CORPORATION P02000111997

October 17, 2002



Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

> 900008427099--1 -10/17/02--01019--027 \*\*\*\*\*\*\*8.75 \*\*\*\*\*\*\*8.75

Re: Order #: 5702277 SO Customer Reference 1: 65590-010 Customer Reference 2: N/A

Dear Secretary of State, Florida:

Please file the attached:

National Center for Pain Management, Inc. (FL) Incorporation Florida

National Center for Pain Management, Inc. (FL) Cert Copy of Articles of Inc Florida

900008427099--1 -10/17/02--01019--028 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

F. CHICODER



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Sincerely,

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Katrina Forsman Fulfillment Specialist Katrina\_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

# 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:

NATIONAL CENTER FOR PAIN MANAGEMENT, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3302 Tala Loop, Longwood, FL 32779

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act or activity for which corporations may be organized under the Florida Statutes

#### ARTICLE IV SHARES

The number of shares of stock is:

20,000,000 Common Shares, without par value

#### <u>ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)</u> The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

C T Corporation System

1200 South Pine Island Road, Plantation, Florida 33324

## ARTICLE VII \_\_\_ INCORPORATOR

The name and address of the Incorporator is:

Kerrin B. Slattery

227 West Monroe St., Chicago, IL 60606

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

C T Corporation Sector Agent

Jeffrey R. Graves
<u>Assistant Secretary</u>

Date

5111d

October 5, 2002 Date

Signature/Incorporator Kerrin B. Slattery