

CAPITAL CONNECTION

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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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

ST. MICHAEL'S PAIN & REHAB, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 MAR -7 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ST. MICHAEL'S PAIN & REHAB, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: Arena Plaza
3434 W. Columbus Dr.
Suite 109
Tampa, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide care and rehabilitation for injured patients

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: William G. Trumbull, Esq.
412 Madison St.
Suite 903
Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Bianca Ponce
Arena Plaza
3434 W. Columbus Dr.
Suite 109
Tampa, FL 33607

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

William G. Trumbull

Signature/Registered Agent

3/7/03

Date

Bianca Ponce

Signature/Incorporator

3/7/03

Date

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