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March 19, 2003

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* BOARD CERTIFIED CIVIL TRIAL LAWYER
** ALSO ADMITTED IN ALABAMA

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Re: Comprehensive Pain Medicine and Rehabilitation, P.A.

Dear Sir or Madam:

Enclosed are an original and one copy of the proposed Articles of Incorporation for the referenced corporation. Please file the original and provide us with a certified copy of the Articles. Enclosed is this firm's check for \$78.75 in payment of the following items:

Filing Fee	\$35.00
Certified Copy	8.75
Registered Agent Designation	<u>35.00</u>
TOTAL	\$78.75

Thank you for your assistance. If you have any questions, please call.

Very truly yours,

MOORE, HILL & WESTMORELAND, P.A.



Linda K. Johnson
Legal Assistant to H. Edward Moore

/lkj

Enclosures

cc: Kurt A. Krueger, M.D.

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ARTICLES OF INCORPORATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

COMPREHENSIVE PAIN MEDICINE AND REHABILITATION, P.A.

The undersigned to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopts these articles to form a corporation under the Professional Service Corporation and Limited Liability Act, F.S. Chapter 621, and other laws of the State of Florida.

ARTICLE I. NAME

The name of the professional service corporation is Comprehensive Pain Medicine and Rehabilitation, P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal office and mailing address of the professional service corporation is 11 Sugar Bowl Lane, Pensacola Beach, Florida 32561.

ARTICLE III. PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services. The professional service corporation may engage in any act permitted under Florida law.

ARTICLE IV. TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date these Articles of Incorporation are filed by the Florida Department of State.

ARTICLE V. CAPITAL STOCK

The number of shares of capital stock of the professional service corporation shall be 1000 shares, all of which shall be voting common shares with a par value of \$1.00 per share.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The address of the initial registered office of this professional service corporation is 11 Sugar Bowl Lane, Pensacola Beach, Florida 32561. The name of the initial registered agent at that address is Kurt A. Krueger, M.D.

ARTICLE VII. SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is:

<u>NAME</u>	<u>ADDRESS</u>
Kurt A. Krueger, M.D.	11 Sugar Bowl Lane Pensacola Beach, FL 32561

ARTICLE VIII. BOARD OF DIRECTORS

The initial Board of Directors shall consist of 2 members. The names and addresses of the first Board of Directors is:

<u>NAME</u>	<u>ADDRESS</u>
Kurt A. Krueger, M.D.	11 Sugar Bowl Lane Pensacola Beach, FL 32561

Thomas Yearwood, M.D.

28260 Highway 98
Daphne, AL 36526

ARTICLE IX. AMENDMENT

These Articles of Incorporation may be amended in any manner provided for by the laws of the State of Florida.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 19 day of March, 2003.


KURT A. KRUEGER, M.D.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 19 day of March, 2003, by Kurt A. Krueger, M.D., who is personally known to me or who produced _____ as identification and who did take an oath.


NOTARY PUBLIC
My Commission Expires:




Linda K. Johnson
MY COMMISSION # CC973439 EXPIRES
October 14, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

ACCEPTANCE OF DESIGNATION OF RESIDENT AGENT

I, the undersigned, being the person named as the Registered Agent of Comprehensive Pain Medicine and Rehabilitation, P.A., a Florida professional service corporation, hereby certify that I am familiar with the obligations provided for in § 607.0505, Florida Statutes, and hereby accept the appointment of Registered Agent along with said obligations.

Dated this 19 day of March, 2003.


KURT A. KRUEGER, M.D.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 19 day of March, 2003, by Kurt A. Krueger, M.D. who is personally known to me or who produced _____ as identification and who did take an oath.



Linda K. Johnson
MY COMMISSION # CC975439 EXPIRES
October 16, 2004
BONDED THRU TROY FARM INSURANCE, INC.


NOTARY PUBLIC
My Commission Expires:

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TALLAHASSEE, FLORIDA