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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ORLANDO PAIN AND MEDICAL CENTER, INC.

5841-A Dahlia Drive
Orlando, FL 32807-3238

20 March 2003

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

ATTENTION: Division of Corporations
Filing Section

SUBJECT : Request Approval of the **ARTICLES OF INCORPORATION,**
ORLANDO PAIN AND MEDICAL CENTER, INC.

Gentlemen:

We are pleased to submit the ARTICLES OF INCORPORATION for ORLANDO PAIN & MEDICAL CENTER, INC. for your approval, with an additional document, Certificate of Designation of Registered Agent and registered office.

Enclosed is a check in the amount of \$78.75 covering filing fees and for certificate of corporate status.

We hope the attached relative pertinent documents will meet your requirements.

If you have any questions and need more information, please write or call our Accountant at 18134 Sandy Pointe Dr, Tampa, FL 33647, telephone No. (813) 907-0239/ (813) 727-2143.

Thank you so much.

Very truly yours,

ORLANDO PAIN AND MEDICAL CENTER, INC.



JOSEPH T. ESTRADA
President/Owner

Enclosures: as stated

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:

ORLANDO PAIN AND MEDICAL CENTER, INC.
(OPMCI)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5841-A Dahlia Drive
Orlando, FL 32807-3238 or P.O BOX 570007
Orlando, FL 32857-0007

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or all lawful business for which corporation may
be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares which the Corporation is authorized to issue. Such
shares shall be of a single class & shall have a par value of \$10.00/sha

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

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

JOSEPH T. ESTRADA, President/Owner

ARTICLE VI REGISTERED AGENT

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

JOSEPH T. ESTRADA, Registered Agent
9509 N Hyaleah Road
Tampa, FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH T. ESTRADA, Incorporator
9509 N Hyaleah Road
Tampa, FL 33617

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

Signature/Registered Agent

JOSEPH T. ESTRADA

Date

3.15.03

Signature/Incorporator

JOSEPH T. ESTRADA

Date

3.15.03

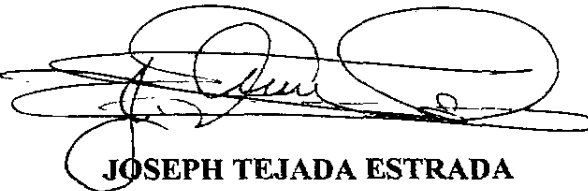
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the statement in designating the registered Agent/registered Office in the State of Florida. The name of the corporation is ORLANDO PAIN AND MEDICAL CENTER, INC. a.k.a. OPMCI; the name of the registered agent is JOSEPH T. ESTRADA and the office is at 5841-A Dahlia Drive, Orlando, Fl 32807.

Having been named a registered agent and to accept service of the 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 the provisions of all Statutes relating for the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

DATE: March 15, 2003


JOSEPH TEJADA ESTRADA
Registered Agent

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TALLAHASSEE FLORIDA