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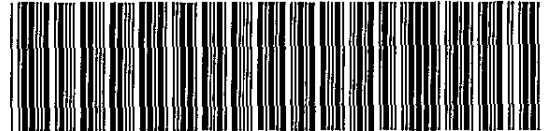
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03 MAY - 5 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
03 MAY - 5 AM 10:01
STATE
TALLAHASSEE FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. STOP PAIN MEDICAL CENTER, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

03 MAY -5 PM 12: 21

The under signed incorporator (s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME:

The Name of the corporation shall be: STOP PAIN MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:

525 N.W. 27 Avenue Suite #201
Miami, Fl. 33125

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundreds (500) Shares with a value of \$1.00 each

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is: Sonia Santana
525 NW 27 Ave. #201
Miami, Fl. 33125

ARTICLE V - INCORPORATOR (S):

The name(s) and street address(s) of the incorporator (s) to these Articles of Incorporation is (are):

SONIA SANTANA, as President
525 NW 27 Ave. #201
Miami, Fl. 33125

ARTICLE VI - DIRECTOR (S):

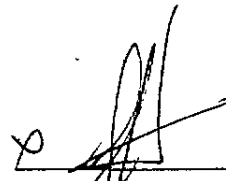
The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

SONIA SANTANA, as President with the 100% of shares
525 NW 27 Ave. #201
Miami, Fl. 33125

*

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

1st day of MAY, 2003. ~~XXXX~~



Sonia Santana. President.-

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

03 MAY -5 PM 12: 21


SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the
Undersigned Corporation, organized under the laws of the state of Florida, submits
the following statement in designating the registered office/registered agent, in the
State of Florida.

1. The name of the corporation is: STOP PAIN MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is: SONIA SANTANA
525 NW 27 Ave #201
Miami, Fl. 33125

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 RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



SONIA SANTANA. PRESIDENT.-

DATE: May 1st., 2003.-