

FB3000066576

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000214584 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

FLORIDA PROFIT CORPORATION OR P.A.
PAIN MANAGEMENT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

6-16-03

ARTICLES OF INCORPORATION (((H03000214584 2)))

OF

PAIN MANAGEMENT SOLUTIONS, INC.

I, the undersigned, for the purpose of forming a corporation for profit, pursuant to the laws of the State of Florida, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of this corporation is Pain Management Solutions, Inc.

ARTICLE II

MAILING ADDRESS

The mailing address of this corporation is 2053 Muirfield Way, Oldsmar, FL 34677.

ARTICLE III

DURATION

This corporation shall have perpetual existence commencing on the date of filing of the Articles of Incorporation with the Department of State.

ARTICLE IV

PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE V

CAPITAL STOCK

This corporation is authorized to issue seven thousand five hundred (7,500) shares of One (\$1.00) Dollar par value common stock, which shall be designated "Common Shares."

(((H03000214584 2)))

ARTICLE VI

VOTING RIGHTS

Each share of common stock of this corporation shall entitle the holder of record thereof to one (1) vote upon each proposal presented at lawful meetings of the stockholders.

ARTICLE VII

PREEMPTIVE RIGHTS

There shall be no preemptive rights in any stock herein issued or hereafter issued.

ARTICLE VIII

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this corporation is Mitchell F. Green, and the name of the initial registered agent of this corporation at that address is 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021.

ARTICLE IX

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the bylaws, but never less than one (1). The name and address of the initial director of this corporation is:

John Morgan, D.C.
2053 Muirfield Way
Oldsmar, FL 34677

ARTICLE X

INCORPORATOR

The name and address of the incorporator is:

John Morgan, D.C.
2053 Muirfield Way
Oldsmar, FL 34677

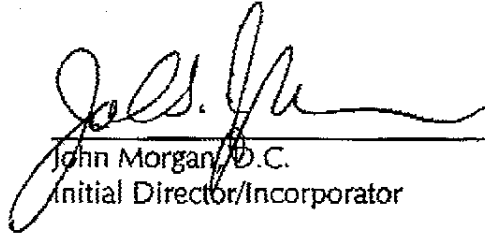
(((H03000214584 2)))

Jun.16. 2003 12:25PM

No.1505 P. 4

((H03000214584 2)))

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
on this 10 day of June, 2003.



John Morgan, D.C.
Initial Director/Incorporator

KAMPORMORGANPAIN MANAGEMENTArticles of Incorporation

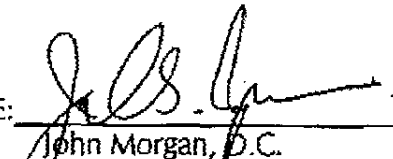
((H03000214584 2)))

((H03000214584 2)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Sections 48.091 and 607.0501, Florida Statutes, the following is submitted:

FIRST -- That Pain Management Solutions, Inc., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 2053 Muirfield Way, Oldsmar, City of Oldsmar, State of Florida, has named Mitchell F. Green, located at 4000 Hollywood Boulevard, Suite 485 South, City of Hollywood, State of Florida, as its agent to accept service of process within the State of Florida.

SIGNATURE: 
John Morgan, D.C.

TITLE: Incorporator

DATE: 6/10/03

Having been named to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE: 
Mitchell F. Green
Registered Agent

DATE: 6/10/03

((H03000214584 2)))