

P04000002023

Florida Department of State
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Account Name : ACCOUNTING & BEYOND
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FLORIDA PROFIT CORPORATION OR P.A.

REHAB PAIN SPECIALIST, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

REHAB PAIN SPECIALIST, INC.

ARTICLE II PRINCIPAL OFFICE

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

1924 DR. M.L.K. BLVD., TAMPA, FL 33607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (1,000).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROBERTO BORRERO
4350 W. WATERS AVE., SUITE 100
TAMPA, FL 33614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERTO BORRERO
4350 W. WATERS AVE., SUITE 100
TAMPA, FL 33614


ARTICLE V BOARD OF DIRECTORS AND OFFICERS

The initial Board of Directors shall consist of a total of 2 person(s). The name and address(es) of the person(s) who shall serve as the initial director(s) and officer(s) are:

Director
ROBERTO BORRERO
4350 W. WATERS AVE., SUITE 100
TAMPA, FL 33614

Director
ORLANDO S. CRUZ, JR.
4350 W. WATERS AVE., SUITE 100
TAMPA, FL 33614

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Signature/Incorporator

1/12/04
Date

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

1/12/04
Date