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Florida Department of State
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SECRETARY OF STATE
ALLAHAS, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Back Pain Institute of S.W. FL, Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Back Pain Institute of S.W. FL, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Back Pain Institute of S.W. FL, Inc.

3660 Central Avenue, Suite 14
Ft. Myers, FL 33901

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

James Robert Wootton
3660 Central Avenue, Suite 14
Ft. Myers, FL 33901

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

James Robert Wootton - 3660 Central Avenue, Suite 14, Ft. Myers, FL 33901 - President

Barbara Wootton - 3660 Central Avenue, Suite 14, Ft. Myers, FL 33901 - Vice President


ARTICLES VI INCORPORATOR(S)

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

James Robert Wootton - 3660 Central Avenue, Suite 14, Ft. Myers, FL 33901

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

22nd day of January 2004.


James Robert Wootton - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Back Pain Institute of S.W. FL, Inc.

2. The name and address of the registered agent and office is:

James Robert Wootton

Name

3660 Central Avenue, Suite 14

(P.O. Box or Mail Drop Box NOT Acceptable)

Ft. Myers, FL 33901

(City / State / Zip)

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

James Robert Wootton

James Robert Wootton
SIGNATURE

January 22, 2004

(Date)