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LAZARUS CORPORATE FILI	ING SERVICE	, *
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CORPORATION NAME(S) & 1		BER(S) (if known):
1. KELIEF-PA	IN, INC	·
(Corporation Name)		(Document #)
2. (Corporation Name)		(Document #)
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Profit	Amendment	
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Limited Liability	Change of Registered Agent	
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Examiner's Initials

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ARTICLES OF INCORPORATION

261 APR 26 P 2: 27

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

ARTICLE I - NAME

The name of the corporation shall be:

RELIEF-PAIN Inc.

ARTICLE II - PRINCIPAL OFFICE

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

607 W. MARTIN LUTHER KING BLUD 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:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

REINALOO V. CLAVERIA 607 W. MARTIN LUTHER KING BUD. TAMPA, FL 33607

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2004 AFR 26 P 2: 27

ARTICLE V - INCORPORATOR

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

REINALDO V. CLAVERIA

607 MARTIN LUTHER KING BUD

TAMPA PL 3860)

The undersigned incorporator has executed these Articles of Incorporation this 21 day of ABRIL 2004

REMALDE TUDESCH

ARTICLE VI- DIRECTOR(S)

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

CARRASCO .M.D - PRESIDENT 300 RIVERSIDE DR. EAST

Ste # 3700 BEADENTON, FL 3UZOB

REINALDON, CLAUBRIA

COT W MARTIN WTHER KING BLUP & VICE-PREID.

TAMPA, FL 33507

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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.

Registered Agent Signature