

P04000082329

DR. LARRY BURCH
3267 WEST DAVIE BLVD.
FT. LAUDERDALE, FL 33312
954-587-5700

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

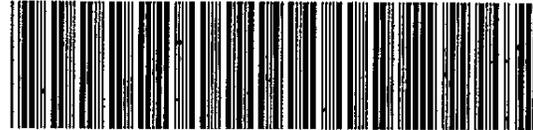
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2004 MAY 21 P 4:42
STATE OF FLORIDA
TALLAHASSEE

FILED

Article of Incorporation
Of

Neck and Back Pain Treatment Center, Inc.

The undersigned hereby make, subscribe and acknowledge and file these Articles for the purpose of becoming a corporation under the laws of the State of Florida.

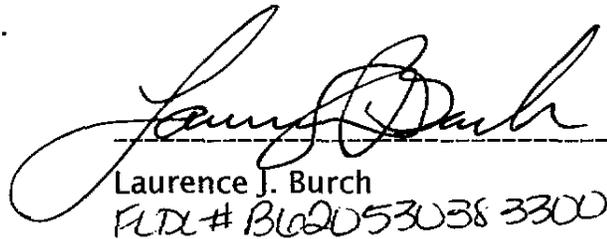
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The Name of the corporation shall be:
Neck and Back Pain Treatment Center, Inc.
2. The corporation is to have perpetual existence.
3. The corporation shall be authorized to engage in any business activity permitted under the laws of the State of Florida and the United States of America.
4. The maximum number of shares which the corporation shall have the authority to issue shall be One Hundred (100), all of which shall be common stock without par value.
5. The principle office of the corporation shall be located at:
3267 West Davie Boulevard
Ft. Lauderdale, FL 33312
Phone: 954-587-5700
6. Pursuant to chapter 48.091, Florida Statutes, the following named person is designated as resident agent for this corporation to accept service of process within the State of Florida:
Laurence J. Burch
17002 Griffin Road
Southwest Ranches, FL 33331
7. The name of the incorporator is:
Laurence J. Burch
17002 Griffin Road
Southwest Ranches, FL 33331

said incorporator is over the age of twenty-one (21) is Sui Juris, and a citizen of the United States of America.

8. One (1) director shall constitute the initial board of directors of the corporation, but the By-laws may provide for such increase or decrease in the number as authorized by law.
9. The name and address of the number of the initial board of directors is:
Laurence J Burch
17002 Griffin Road
Southwest Ranches, FL 33331
10. Nothing in these Articles of Incorporation shall be taken to limit the power of this corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed these articles of incorporation this 7th day of May, 2004.


Laurence J. Burch
FLDL# B62053038 3300

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned notary, personally appeared Laurence J Burch who is to me well known to be the person described in and who subscribed the above and foregoing Articles of Incorporation of Neck and Back Pain Treatment Center, Inc., who freely and voluntarily acknowledged before me according to the law that he made and subscribed the same for the uses and purposed set forth therein.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the above named county and state this 7th day of May, 2004.


Notary Public 5/18/04
State of Florida at Large
My commission expires:



Nalini Seelochan
My Commission DD165646
Expires November 17 2006

STATE OF FLORIDA
DEPARTMENT OF STATE

Certification designation place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and address of officers and directors.

The following is submitted in compliance with chapter 48.091 Florida Statutes: Neck and Back Pain Treatment Center, Inc., a corporation organized or organizing under the laws of the State of Florida, with its principal office at 3267 West Davie Boulevard Ft. Lauderdale, FL 33312 appoints Laurence J. Burch as its agent to accept service of process within this state.

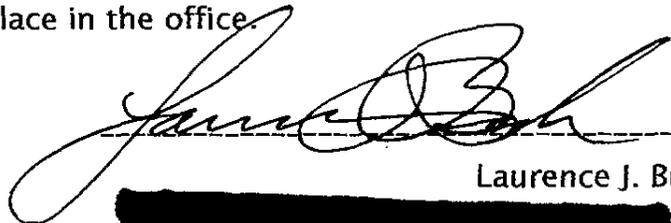
At the time of filing, no officers have been elected for the corporation.

The director of the corporation is:

Laurence J. Burch
17002 Griffin Road
Southwest Ranches, FL 33331

ACCEPTANCE:

I, Laurence J. Burch, agree, as resident agent, to accept Service of Process; to keep the office open during prescribed hours and to post my name as authorized to accept process in some conspicuous place in the office.

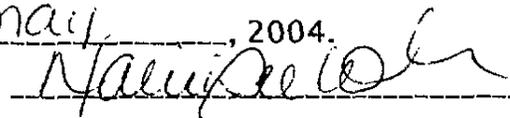


Laurence J. Burch

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned notary did appear Laurence J. Burch, well known to me as the person who subscribed the above acceptance as registered agent for Neck and Back Pain Treatment Center, Inc.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the above named county and state this 15th day of May, 2004.



Notary Public

My commission expires:

 Nafini Seelochan
My Commission DD165846
Expires November 17 2008

FILED
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NOTARY PUBLIC
STATE OF FLORIDA