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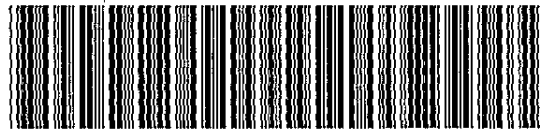
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DIVISION OF CORPORATION

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDLEY PAIN AND REHABILITATION CENTER  
(Corporation Name) (Document #)
2. INC  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

MEDLEY PAIN AND REHABILITATION CENTER INC

### ARTICLE II PRINCIPAL OFFICE

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

7911 N.W. 72 Ave Suite 103  
Medley, Fl 33166

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (500) hundred shares one dollar (1) per value common stock

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yadira gutierrez  
7838 W. 29Th Lane # 102  
Hialeah, Fl 33018

**ARTICLE V INCORPORATOR(S)**

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

Yadira Gutierrez  
7838 W. 29Th Lane # 102  
Hialeah, Fl 33018

**ARTICLE VI DIRECTOR(S)**

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

Yadira Gutierrez (President) 7838 W. 29Th Lane #102 Hialeah, Fl 33018  
Alex Gutierrez (Vice-President & secretary)  
7838 W. 29Th Lane #102 Hialeah, Fl 33018  
Maria A. Cordoba (Director) 9980 S.W. 38 Terrace Miami, Fl 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18 day of August 2004.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is: MEDLEY PAIN AND REHABILITATION  
CENTER INC

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

yadira Gutierrez

(NAME)

7838 W. 29Th Lane #102

(P.O. BOX NOT ACCEPTABLE)

HIaleah, Fl 33018

(CITY/STATE/ZIP)

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

*Yadira Gutierrez*

DATE 08/18/2004