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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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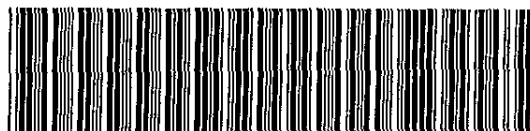
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/20/04--01008--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 19 AM 8:14

PAIN AND INJURY TREATMENT, INC.
27501 Waikiki Ct., Wesley Chapel, FL 33543

6 August 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
Tallahassee, FL 32314

ATTENTION: Division of Corporations
Filing Section

SUBJECT : Request Approval of the ARTICLES OF INCORPORATION OF
PAIN AND INJURY TREATMENT, INC.

Gentlemen:

We are pleased to submit the original and copy of the **ARTICLES OF INCORPORATION OF PAIN AND INJURY TREATMENT, INC.**, together with the Certificate of Designation of Registered Agent and the registered office.

Enclosed is a check in the amount of \$78.75 covering filing fee and certificate for corporate status.

We hope the attached relative pertinent documents will meet your requirements.

If you have any questions and need more information, please write or call our Accountant at 18134 Sandy Pointe Drive, Tampa, Florida 33647, telephone No. (813) 907-0239/ (813) 727-2143.

Thank you very much.

Very truly yours,

PAIN AND INJURY TREATMENT, INC.



VICTOR T. ESTRADA
President/Registered Agent

Enclosures: as stated.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PAIN AND INJURY TREATMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*27501 Waikiki Court
Wesley Chapel, FL 33543*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or all lawful business for which the Corporation is organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of Common Stock. The shares shall be a single class & shall have a par value of \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

- 1. VICTOR T. ESTRADA, President
27501 Waikiki Ct., Wesley Chapel FL 33543.*
- 2. VERNON L. ESTRADA, Director
27501 Waikiki Ct., Wesley Chapel FL 33543.*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*VICTOR T. ESTRADA
27501 Waikiki Ct.
Wesley Chapel FL 33543*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*VICTOR T. ESTRADA
27501 Waikiki Ct., Wesley Chapel FL 33543*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]

Signature/Registered Agent

VICTOR T. ESTRADA

8-16-04

Date

[Signature]

Signature/Incorporator

VICTOR T. ESTRADA

8-16-04

Date

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE**

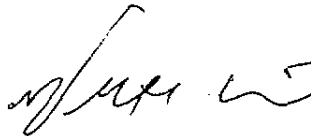
Pursuant to the provisions of Section 607.501, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the designating Registered Office and agent of the State of Florida.

NAME OF THE CORP: PAIN AND INJURY TREATMENT, INC.

**NAME & ADDRESS OF THE
REGISTERED AGENT:**

VICTOR T. ESTRADA
27501 Waikiki Court
Wesley Chapel, FL 33543

Having been named as Registered Agent and to accept the services of the process for the above named 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 duty, which I am familiar with and accept the obligations of my position as Registered Agent on this 6th day of August 2004.



VICTOR T. ESTRADA
Registered Agent

04 AUG 19 AM 8:14

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