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(Business Entity Name)

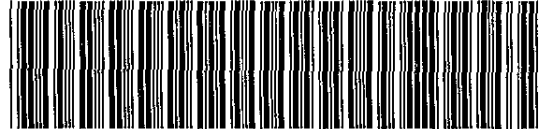
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. C.J. Comprehensive Pain Management of South Florida  
(Corporation Name) (Document #) P.A.
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
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<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
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 24, 2005

EXPRESS CORPORATE FILING SERVICES INC.

SUBJECT: C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH  
FLORIDA P.A.  
Ref. Number: W05000003680

We have received your document for C.J. COMPREHENSIVE PAIN  
MANAGEMENT OF SOUTH FLORIDA P.A. and your check(s) totaling \$78.75.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The registered agent must have a Florida street address. A post office box,  
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Please return the original and one copy of your document, along with a copy of  
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If you have any questions concerning the filing of your document, please call  
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Tim Burch  
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Letter Number: 405A00004683

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 27, 2005

EXPRESS CORPORATE FILING SERVICES INC.

SUBJECT: C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH  
FLORIDA P.A.  
Ref. Number: W05000003680

We have received your document for C.J. COMPREHENSIVE PAIN  
MANAGEMENT OF SOUTH FLORIDA P.A. and your check(s) totaling \$78.75.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

*You failed to make the correction(s) requested in our previous letter.*

*The registered agent must have a Florida street address. A post office box,  
personal mail box (PMB), or mail drop-box address is not acceptable.*

*Please check the address of the registered agent on the last page.*

*If you have any further questions concerning your document, please call (850)  
245-6928.*

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 105A00005870

**CERTIFICATE OF INCORPORATION**

**OF**

**C.J. Comprehensive Pain Management of South Florida  
P.A.**

FILED  
05 JAN 31 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, hereby associate ourselves together for the Purpose of becoming a PA under the laws of the State of Florida. Providing for the information, rights, privileges, Immunities, and liabilities of incorporation for profit.

**ARTICLE I**

The name of the PA should be:

**C.J. Comprehensive Pain Management of South Florida P.A.**

**ARTICLE II**

**THE PA WILL BE A MEDICAL DOCTOR OFFICE**

### **ARTICLE III**

The PA is authorized to issue and have outstanding and Aggregate number of **FIVE HUNDRED (500)** shares of one class of common stock, having a par value of **ONE (\$1.00) DOLLAR** per share. This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

The purpose of which the PA is organized is: **PROVIDE LEGAL SERVICES.**

### **ARTICLE IV**

All members of the PA shall be vested with full preemptive rights.

### **ARTICLE V**

The Name and Address of the Registered agent in the **STATE OF FLORIDA** is:

Pablo W. Concepcion

**5321 SW 87 AVE. MIAMI. FL 33165**

The **PRINCIPAL OFFICE** is:

600 NW 35 Ave Ste # 201

Miami FL 33125

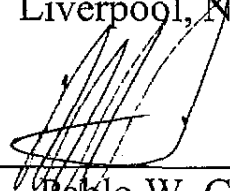
Having been named Initial Registered Agent to accept service of Process of the PA at the Initial Registered Office Designated in these Articles of the Incorporation, I hereby accept Such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.

## ARTICLE VI


The number of Directors constituting the initial Board of Directors of the PA is one, the number of Directors may be increased or decreased from time to time By the Laws but shall never be less than one.

## ARTICLE VII

The name and addresses of the Incorporators executing these Articles and Registered Agent are:

NAME	ADDRESS
Pablo W. Concepcion	113 Apt F Kings Park Dr Liverpool, NY, 13090
	 _____ Pablo W. Concepcion

Registered Agent:

NAME	ADDRESS
Pablo W. Concepcion	5321 SW 87 AVE., MIAMI, FL 33165
	 _____ Pablo W. Concepcion

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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