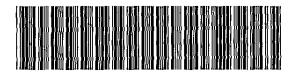
P05000047939

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Submood Links, reality) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| · |
| |
| |
| |

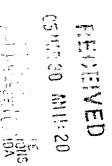
Office Use Only



900048856549

03/30/05--01035--016

SECRETARY OF STATE POTALLAR ASSEC, PLAUDA



| OFFICE USE ONLY(DOCUMENT #) | |
|---|------------------------|
| LAZARUS CORPORATE FILING SERVICE | |
| 3320 S.W. 87 AVENUE | |
| MIAMI, FLORIDA (305)552-5973 | 1 |
| | |
| | oppropries only |
| | OFFICE USE ONLY |
| 1. A & C PAIN MANAGEM 1. Corporation Name) | - |
| (Corporation Name) | (Document #) |
| 3. (Corporation Name) | (Document #) |
| 4. | |
| (Corporation Nama) | (Document #) |
| Walk in Pick up time | Certified Copy |
| Mail out Will wait Photocopy | Certificate of Status |
| · · · · · · · · · · · · · · · · · · · | |
| NEW FILINGS AMENDM | IENTS |
| Profit Amendment | |
| NonProfit Resignation of | R.A., Officer/Director |
| . Limited Liability Change of Regis | stered Agent |
| Domestication Dissolution/With | drawal |
| Other Merger | |
| | |
| | |
| Fictitious Name Foreign | <u> </u> |
| Name Reservation Limited Partners | ship |
| Reinstatement | |
| Trademark | |

Other

Examiner's Initials

CR2E031(9/92)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

05 MAR 30 AM 11:39

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.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

A&C Pain Management Corp

ARTICLE II - PRINCIPAL OFFICE

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

1149 SW 27AV Site 202 Miami (FL) 33135

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:

Gilberto Ginoris

1149 SW 27 AV. Suite 202. Miami (FL) 33135

ARTICLE V - INCORPORATOR

| The name and street address of the incorporator to these Articles of Incorporation is: ai Iberto Ginoris 1149 SW 27 AV Suite 202 Rebeca Hernandez Miami (FL) 33135 |
|--|
| The undersigned incorporator has executed these Articles of Incorporation this of day of 2005 Signature APTICLE VI. DIRECTOR(S) |
| ARTICLE VI- DIRECTOR(S) |
| The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): Rebeca Hernandez |
| 1149 SW 27AV Site 202 1149 SW 27AV Svite 202 |
| Miami(FL) 33135 President 50% Vice President 50%. |
| 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