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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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FLORIDA PROFIT/NON PROFIT CORPORATION

INJURY CENTERS OF SOUTH FLORIDA, INC.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# **ARTICLES OF INCORPORATION**

## **OF**

## **INJURY CENTERS OF SOUTH FLORIDA, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I: NAME**

The name of the corporation is **INJURY CENTERS OF SOUTH FLORIDA, INC.**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **151 No Nobb Hill Rd, Suite 172, Plantation, FL 33324**

### **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Lonnie Herman, 151 No Nobb Hill Rd, Suite 172, Plantation, FL 33324**

#### **ARTICLE V: INCORPORATOR**


The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

#### **ARTICLE VI: OFFICER & DIRECTOR**

The name and address of the initial Officer and Director of the corporation is:  
**Lonnie Herman, Director, 151 No Nobb Hill Rd, Suite 172, Plantation, FL 33324**

The undersigned has executed these Articles of Incorporation this 28<sup>th</sup> day of February 2006.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: \_\_\_\_\_

Imvay Centers of South Florida, Inc.

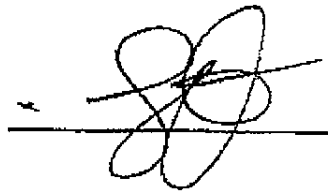
2. The name and street address of the registered agent and office is: \_\_\_\_\_

LONNIE HERMAN

451 North Nob Hill Rd Suite 172

Plantation, FL 33324

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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.



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