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FLORIDA PROFIT/NON PROFIT CORPORATION

INJURY PAIN RELEASE CENTER, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

INJURY PAIN RELEASE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2128 WEST FLAGLER STREET STE 103
MIAMI FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO $1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAN HALL AS PRESIDENT
2128 WEST FLAGLER ST STE 103
MIAMI FL 33015

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

WILLIAN HALL
2128 WEST FLAGLER ST STE 103
MIAMI FL 33015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

WILLIAN HALL
2128 WEST FLAGLER ST STE 103
MIAMI FL 33015

****

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

(x) _____ 02/28/2005
Signature/Registered Agent — Date

(x) _____ 02/28/2005
Signature/Incorporator — Date