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## Florida Department of State

Division of Corporations Public Access System

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3098

# FLORIDA PROFIT/NON PROFIT CORPORATION

Dependable Lifecare Training & Therapeutic Pain Reli

Certificate of Status	1
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## ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

Dependable Lifecare Training & Therapeutic Pain Relief Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

Dependable Lifecare Training & Therapeutic Pain Relief Center Inc. 7835 W. Commercial Boulevard, Suite 105
Tamarac, FL 33351

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 Share at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Jorge A. Quintana Jr. 5629 Pierce Street Hollywood, FL 33021

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

#### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Jorge A. Quintana Jr. - President/Director 5629 Pierce Street Hollywood, FL 33021

## ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jorge A. Quintana Jr. 5629 Pierce Street Hollywood, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of <u>April</u> 2006.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

Ι.	The name of the	corporation	isDe <u>pendable</u>	<u>Lifecare Training</u>	& Therapeutic	<u>Pain Relief Center Inc.</u>
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<ol><li>The name and address of the registered agent and</li></ol>	. Inc	ne name and	address.	of the	registered	agent and	ornce is	S
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Jorge A. Quintana Jr.
 Name
5629 Pierce Street
(P.O. Box or Mail Drop Box NOT Acceptable)
Hollywood, FL 33021
 (City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated 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 duties, and am familiar with and accept the obligations of my position as registered agent.

April 25, 2006

(Date)