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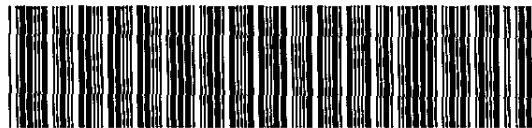
(Business Entity Name)

(Document Number)

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

1. NEW SOLUTIONS PAIN CLINIC CO.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

06 MAY -5 PM 12: 5'

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

The name of the corporation shall be:

NEW SOLUTIONS PAIN CLINIC CO.

ARTICLE II - PRINCIPAL OFFICE

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

3750 WEST 16 Ave Suite-138-U
HIALEAH FL 33012

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:

ALBERTO VALDES.
1510 W. 35th HIALEAH 33012

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ALBERTO L. VALDES
1510 W. 35 PL HIALEAH, FL 33012

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.



Signature

ARTICLE VI- DIRECTOR (S)

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

ALBERTO L. VALDEZ, Presidente

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