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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FLORIDA PROFIT/NON PROFIT CORPORATION

REHAB & PAIN CENTER, INC.

Certificate of Status	0
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Justin T. Reed
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

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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:

REHAB & PAIN CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1616 WEST CAPE CORAL PARKWAY, SUITE 213
CAPE CORAL, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful act or activity.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EVA BAUTISTA, PRESIDENT, 1616 WEST CAPE CORAL PARKWAY, SUITE 213, CAPE CORAL, FL 33914
SAMUEL BAUTISTA, SECRETARY, 1616 WEST CAPE CORAL PARKWAY, SUITE 213, CAPE CORAL, FL 33914

ARTICLE VI REGISTERED AGENT

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

SAMUEL BAUTISTA
1616 WEST CAPE CORAL PARKWAY, SUITE 213
CAPE CORAL, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Justin T. Reed, c/o BlumbergExcelsior Corporate Services, Inc.
62 White Street, 2nd Floor, New York, NY 10013

****

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

Signature of Registered Agent

5/16/06
Date

Justin T. Reed
Blumberg Excelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

5/16/06
Date

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