

**P06000131844**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

D. WHITE OCT 17 2006

**FLORIDA PROFIT/NON PROFIT  
CORPORATION**

**electromed pain management inc.**

Certificate of Status	0
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SECRET  
FLORIDA  
TALLAHASSEE

HUW051805  
**Articles of Incorporation**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article 1: Name and Address of Corporation:  
**ELECTROMED PAIN MANAGEMENT INC.**  
**90 EDGEWATER DRIVE, SUITE 411**  
**CORAL GABLES, FL 33133**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 1,000 with no par value.

Article 3: Registered Agent Name and Office:  
**EDWARD KOSTISHION**  
**90 EDGEWATER DRIVE, SUITE 411**  
**CORAL GABLES, FL 33133**

\*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.

  
Signature of Registered Agent

Article 4: The Board of Directors is: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **ERIC SANTIAGO, 90 EDGEWATER DRIVE, SUITE 411, CORAL GABLES, FL 33133**  
2.  
3.  
4.

Article 5: Incorporator Name and Address:  
**ERIC SANTIAGO**  
**90 EDGEWATER DRIVE, SUITE 411**  
**CORAL GABLES, FL 33133**

In witness whereof, I have subscribed my name:

  
Signature of Incorporator

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