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FLORIDA PROFIT/NON PROFIT CORPORATION

South Tampa Pain and Injury Center, PA

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 adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

South Tampa Pain and Injury Center, PA

ARTICLE II PRINCIPAL OFFICE

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

**South Tampa Pain and Injury Center, PA
4501 North Ocean Boulevard TH1
Boca Raton, FL 33431**

ARTICLE III SHARES

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

1,500 SHARES at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: **Medical Rehabilitation**

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

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CLERK OF DISTRICT COURT
NORTH DAKOTA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**David Poces
4501 North Ocean Boulevard TH1
Boca Raton, FL 33431**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

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

**David Poces - President/Director
4501 North Ocean Boulevard TH1
Boca Raton, FL 33431**


ARTICLES VII INCORPORATOR(S)

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

**David Poces
4501 North Ocean Boulevard TH1
Boca Raton, FL 33431**

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

19th day of October 2006.


David Poces
SIGNATURE

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.

1. The name of the corporation is: South Tampa Pain and Injury Center, PA

2. The name and address of the registered agent and office is:

David Poces

Name

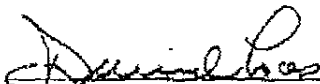
4501 North Ocean Boulevard TH1

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33431

(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.



David Poces
SIGNATURE

October 19, 2006

(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA