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

From:  
Account Name : A1A CORPORATE SERVICES, INC.  
Account Number : T20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**The Headache and Neurology Clinic, PA**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

1-9-07

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## 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 :

**THE HEADACHE AND NEUROLOGY CLINIC, PA**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

5389 Ayrshire drive

Spring Hill FL 34609

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is medical practice.

### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

President:

QAHTAN ABDULFATTAH

5389 AYRSHIRE DRIVE

SPRING HILL FLORIDA 34609

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

QAHTAN ABDULFATTAH

5389 AYRSHIRE DRIVE

SPRING HILL FLORIDA 34609

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**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

QAHTAN ABDULFATTAH  
5389 AYRSHIRE DRIVE  
SPRING HILL FLORIDA 34609

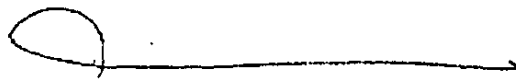
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*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



QAHTAN ABDULFATTAH / Registered Agent

1/5/07  
Date



QAHTAN ABDULFATTAH / Incorporator

1/5/07  
Date

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