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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
2/26

**RICHARD B. PETIGROW**

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File #

1274-1

February 21, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: BROWARD PAIN MANAGEMENT, INC.

Dear Sir/Madam:

Enclosed for filing please find two copies of the Articles Of Incorporation of BROWARD PAIN MANAGEMENT, INC. together with the Acceptance Of Registered Agent. Kindly file the documents and upon filing return a stamped filed copy of the documents to me.

This firm's check in the amount of \$70.00 is enclosed.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
RICHARD B. PETIGROW

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ARTICLES OF INCORPORATION  
OF  
BROWARD PAIN MANAGEMENT, INC.

07 FEB 26 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\* \* \* \* \*

Signed by the undersigned for the purpose of forming a corporation under the Florida Business Corporation Act.

FIRST: The name of the corporation is BROWARD PAIN MANAGEMENT, INC.

SECOND: The purposes for which this corporation is organized are to engage in any activity within the purposes for which corporations may be organized under the Florida Business Corporation Act.

THIRD: The address of the corporation's initial registered office and the name of the corporation's initial registered agent at such address are Thomas M. Manidis, 2706 W. Atlantic Blvd., Pompano Beach, Florida 33069.

FOURTH: The initial principal office and mailing address of the Corporation shall be located at 2706 W. Atlantic Blvd., Pompano Beach, Florida 33069.

FIFTH: The total authorized capital stock of the corporation shall consist of one thousand (1,000) shares without par value.

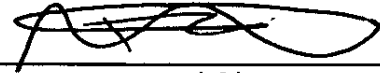
SIXTH: The number of directors constituting the first Board of Directors is one (1) and the name and address of the person who is to serve as such director is:

Thomas M. Manidis  
2706 W. Atlantic Blvd.  
Pompano Beach, Florida 33069

SEVENTH: A director or officer of the Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director or officer, except for liability (a) for any breach of the director's or officer's duty of loyalty to the Corporation or its shareholders, (b) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (c) for any transaction from which the director or officer derived an improper personal benefit, or (d) expressly provided under the Florida Business Corporation Act. If the Florida Business Corporation Act is hereafter amended to authorize the further elimination or limitation of the liability of directors and officers then the liability of a director or officer of the Corporation, in addition to the limitation on personal liability provided herein, shall be eliminated or limited to the fullest extent permitted by the Florida Business Corporation Act, as so amended.

EIGHTH: The name and address of the incorporator is  
Thomas M. Manidis, 2706 W. Atlantic Blvd., Pompano Beach, Florida 33069.

IN WITNESS WHEREOF, these Articles of Incorporation have  
been signed this 20<sup>th</sup> day of February, 2007.

A handwritten signature in black ink, appearing to read 'T. Manidis', is written over a horizontal line.

Thomas M. Manidis  
Sole Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF THE FLORIDA BUSINESS CORPORATION ACT, BROWARD PAIN MANAGEMENT, INC. HEREBY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is BROWARD PAIN MANAGEMENT, INC.
2. The name and address of the registered agent and office is Thomas M. Manidis, 2706 W. Atlantic Blvd., Pompano Beach, Florida 33069.

Having been named as registered agent and to accept the service of process for the above stated corporation at the place designated in this Acceptance, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Thomas M. Manidis

2/26/07  
DATE