

PO7000088693

Division of Corporations

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Florida Department of State  
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Account Name : RUBCO  
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FLORIDA PROFIT/NON PROFIT CORPORATION

Back Pain Institute of Naples, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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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:

**Back Pain Institute of Naples, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Back Pain Institute of Naples, Inc.  
694 Goodlette Road N.  
Naples, FL 34102**

### ARTICLE III SHARES

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

**1,000 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**James Robert Wootton  
9600 Gladiolus Preserve Circle  
Ft. Myers, FL 33908**

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

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

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

**James Robert Wootton, 9600 Gladiolus Preserve Circle, Ft. Myers FL 33908- President/Director**  
**Barbara Jean Wootton, 9600 Gladiolus Preserve Circle, Ft. Myers, FL 33908- Vice president/Director**


**ARTICLES VI INCORPORATOR(S)**

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

**James Robert Wootton, 9600 Gladiolus Preserve Circle, Ft. Myers, FL 33908**  
**Barbara Jean Wootton, 9600 Gladiolus Preserve Circle, Ft. Myers, FL 33908**

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

3rd day of August, 2007.

  
James Robert Wootton - Signature

  
Barbara Jean Wootton - Signature

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**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: **Back Pain Institute of Naples, Inc.**

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

**James Robert Wootton**

Name

**9600 Gladiolus Preserve Circle**

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

**Ft. Myers, FL 33908**

(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.*

*James Robert Wootton*  
**James Robert Wootton**  
SIGNATURE

**August 3rd, 2007**  
(Date)

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