

Division of Corporations
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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT/NON PROFIT CORPORATION

Back Pain Institute of Ft. Myers, Inc.

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Ft. Myers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Back Pain Institute of Ft. Myers, Inc.
3660 Central Avenue, Suite 14
Ft. Myers, FL 33901**

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- Presidents/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

31st day of July, 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 Ft. Myers, 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

July 31, 2007
(Date)

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