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FLORIDA PROFIT/NON PROFIT CORPORATION

south florida pain relief center, inc.

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

80-01-1

2

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ARTICLES OF INCORPORATION
OF
SOUTH FLORIDA PAIN RELIEF CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: South Florida Pain Relief Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
1550 NE Miami Gardens Drive, Suite 305, North Miami Beach, FL 33179.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000,000 shares of common stock, par value \$.01.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Gene S. Rosen, Attorney at Law,
1550 NE Miami Gardens Drive, Suite 305, North Miami Beach, FL 33179.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
Gene S. Rosen, Attorney at Law, 1550 NE Miami Gardens Drive, Suite 305, North Miami Beach,
FL 33179.

The undersigned has executed these Articles of Incorporation this 9th day of January, 2008.


Gene S. Rosen, Incorporator.

Prepared By:
Gene S. Rosen, Attorney at Law
1550 NE Miami Gardens Drive, Suite 305,
North Miami Beach, FL 33179
Florida Bar #: 175752
Telephone: 305-949-2113

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**CERTIFICATE OF DESIGNATION
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 designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: South Florida Pain Relief Center, Inc.

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

Gene S. Rosen, Attorney at Law
Name

1550 NE Miami Gardens Drive, Suite 305
Address (P.O. Box not acceptable)

North Miami Beach, FL 33179
City, State, Zip Code


Gene S. Rosen, Incorporator

January 9th, 2008
Date

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 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.


Signature: Gene S. Rosen.

January 9th, 2008
Date

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