

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

MEDICAL EXCELLENCE PAIN CENTER¹, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
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**ARTICLES OF INCORPORATION
OF**

MEDICAL EXCELLENCE PAIN CENTER I, INC.

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: MEDICAL EXCELLENCE PAIN CENTER I, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 1374 CORAL WAY, 2nd FLOOR, MIAMI, FLORIDA 33145

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 200 shares common stock.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: MARIA C. SUAREZ, 14720 GLENCAIRN ROAD, MIAMI LAKES, FLORIDA 33016

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT

LUIS CRUZ

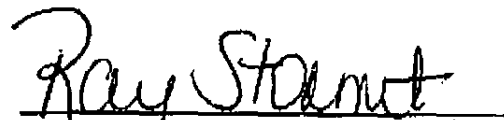
1300 CORAL WAY, #204
MIAMI, FLORIDA 33145

ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 27th DAY OF FEBRUARY, 2008.



INCORPORATOR


Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

MEDICAL EXCELLENCE PAIN CENTER I, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE 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/Registered Agent

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