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DIVISION OF CORPORATION

## FLORIDA PROFIT/NON PROFIT CORPORATION

neurosurgery and pain management clinic of florida,

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
NEUROSURGERY AND PAIN MANAGEMENT CLINIC  
OF FLORIDA, 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: Neurosurgery and Pain Management Clinic of Florida, 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, Florida 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, Florida 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, Florida 33179

The undersigned has executed these Articles of Incorporation this 7th day of August, 2008.

  
Gene S. Rosen, Incorporator

Prepared By:  
Gene S. Rosen, Esq.  
Florida Bar #: 175752  
1550 NE Miami Gardens Drive, Suite 305  
North Miami Beach, FL 33179  
Telephone: 305-949-2

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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: Neurosurgery and Pain Management Clinic of Florida, Inc.

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

Gene S. Rosen, Attorney at Law,  
Name

1550 NE Miami Gardens Dr. Suite 305,  
Address

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



Gene S. Rosen- Incorporator

Date: August 7, 2008.

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

Date: August 7, 2008.

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