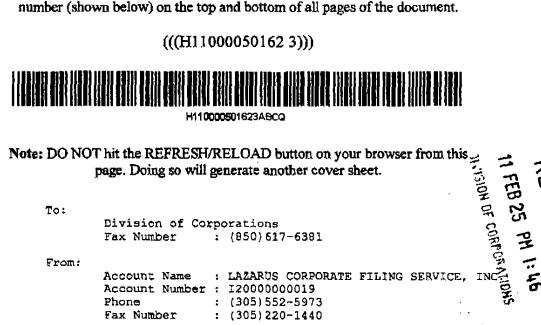


Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION O. PAIN REHABILITATION INC

Certificate of Status

Certified Copy 1

Page Count 0.3

Estimated Charge \$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

NEA 010 2001



February 25, 2011

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: O. PAIN REHABITATION INC

REF: W11000011157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H11000050162 Letter Number: 811A00004788

H11000050162

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:

O. Pain REHabiliTATION INC

ARTICLE II - PRINCIPAL OFFICE

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

12401 W OKERENOBER IZS Lote 119 Holeah Gardons FL 33018

ARTICLE III - SHARES

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

100 SHARES

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Usualdo Pineiro-Guerrero: 12401 W Okeechobee Rd Lote 119 Hialeah Galdens FL 33018

02/25/2011 11:46 305220	31440
-------------------------	-------

LAZARUS

APPROPAGE 04/04
AND
FILED

H11000050162

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and	address of the	incorporator to th	ese Articles of	Incorporation is:
		/1 · · ·	.an.	-

Osvaldo Pineiro-Guerrero 12401 w okeechobee Rd Lote 119 Hialeah Gardens FL 32018

The undersigned incorporator ha	as executed	these Articles	of Incor	poration this
day of		20	•	

ARTICLE VI- DIRECTOR (S)

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

Osvaldo Pineiro-Overrero - P-Osvaldo Pineiro-Padilla - VP-

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature