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FLORIDA PROFIT/NON PROFIT CORPORATION

7th avenue pain and rehabilitaiton cemter, inc.

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EMPIRE CORP KIT



April 18, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: 7TH AVENUE PAIN AND REHABILITATION CENTER, INC.

REF: W11000021550

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.

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Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H11000100265 Letter Number: 911A00009308

SECRETARY WITH SQUARE OF CORPARIATION OF CORP

P.O BOX 6327 - Tallahassee, Florida 32314

4 11000/002 RATION OF CORPORATION 2011 APR 18 PM 12: 34

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

ARTICLE NAME

The name of the corporation shall be: 7th Avenue Pain and Rehabilitation Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 13936 NW 7th Avenue, Miami, Florida 33168.

ARTICLE III CAPITAL SYOCK

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 OFFICERS AND/OR DIRECTORS

The name(s) and address (es) of the initial officer(s) and/or director(s) is:

Keith R. Gould, DO 1550 NE Miami Gardens Or, Suite 305, Miami, FL. 33179.

President/Director

INITIAL REGISTERED AGENT AND ADDRESS ARTICLE V

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

ARTICLE VI INCORPORATOR

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

The undersigned has executed these Articles of Incorporation this 15 day of April, 2011.

Prepared By: Gene S. Rosen 1550 NE Minmi Gardens Drive, Suite 305 Miami, PL 33179

Florida Bar #: 175752 305-949-2113 Telephone:

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<u>CERTIFICATE OF DESIGNATION</u> 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.

The name of the corporation is: 7th Avenue Pain and Rehabilitation Center. Inc.	= 3	剂
1. The name and address of the registered agent and office is:	APR 18	PACE PACE PACE PACE PACE PACE PACE PACE
Gene S. Rosen, Attorney at Law, Name 1550 NE Miami Gardens Dr., Suite 305, Address	8 PH I2: 34	CORPARATION
Miami, Fl. 33179 City, State, Zip Code Gene S. Rosen- Incorporator		
Date: April 15, 2011.		

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: April 15, 2011.

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