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From: **GAIL S. ANDRE**
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF INCORPORATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PAIN MANAGEMENT CENTER, INC.**

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ARTICLES OF INCORPORATION
OF
PAIN MANAGEMENT CENTER, INC.

ARTICLE I - NAME

The name of this corporation is PAIN MANAGEMENT CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office and the mailing address of the corporation shall be 4565 Old Carriage Trail, Oviedo, FL 32765.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue ONE THOUSAND (1,000) shares of common stock with a par value of ONE CENT (\$0.01) per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of this corporation at that address is Matthew R. O'Kane.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The name and address of the initial director are as follows:

Jeffrey A. Kidd, M.D.

4565 Old Carriage Trail
Oviedo, Florida 32765

ARTICLE VI - INCORPORATOR

The name and address of the person signing these Articles are as follows:

Matthew R. O'Kane

215 North Eola Drive
Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 22nd day of September, 2014.



Matthew R. O'Kane, Incorporator

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of RAIN MANAGEMENT CENTER, INC.



Matthew R. O'Kane, Registered Agent

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