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FLORIDA PROFIT/NON PROFIT CORPORATION
Pioneer Pain Management Inc.

Certificate of Status	1
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T. SCOTT

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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:

Pioneer Pain Management Inc.

ARTICLE II PRINCIPAL OFFICE

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

8980 S. US Highway #1, Suite 100
Port St. Lucie, FL 34952

ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antonio Poto
2598 SW Hidden Pond Way
Palm City, FL 34990

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Antonio Poto - President/Director
2598 SW Hidden Pond Way, Palm City, FL 34990

Monica Poto - Vice President/Director
2598 SW Hidden Pond Way, Palm City, FL 34990

ARTICLE VI INCORPORATOR(S)


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

Antonio Poto
2598 SW Hidden Pond Way, Palm City, FL 34990

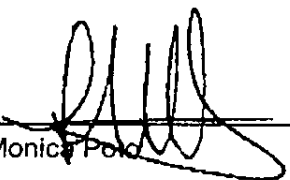
Monica Poto
2598 SW Hidden Pond Way, Palm City, FL 34990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of February 20 15



Antonio Poto Signature



Monica Poto Signature

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**CERTIFICATE OF DESIGNATION OF
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 THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Pioneer Pain Management Inc.

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

Antonio Poto
Name

2598 SW Hidden Pond Way
(P.O. Box or Mail Drop Box NOT Acceptable)

Palm City, FL 34990
(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Antonio Poto
SIGNATURE

02/09/2015
(Date)

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