

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
AMC PAIN MANAGEMENT & REHABILITATION INC.

Certificate of Status	0
Certified Copy	1
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T. SCOTT

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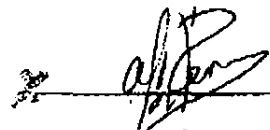
Florida Department of State

Attention: New Filings Section

To whom it may concern:

AMC PAIN MANAGEMENT, INC.
This is to advise you that the owners of REHABILITATION INC. of Doc # P11600088720 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,


ALAIN OSORIO

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME: The name of the corporation is:

AME PAIN MANAGEMENT & REHABILITATION INC.

ARTICLE II PRINCIPAL OFFICE:

TAX ID 433577146

The principal street address and mailing address is:

950 N. KROME AVE

HOMESTEAD FL 33030

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ALAIN OSORIO (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALAIN OSORIO

950 N. KROME AVE

HOMESTEAD FL 33030

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ALAIN OSORIO

950 N. KROME AVE

HOMESTEAD FL 33030

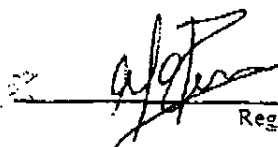
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Required Signatures:

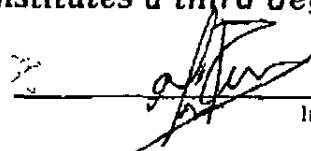
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

Date

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