

JUL/29/2015/WED 01:36 P
7/29/2015

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P. 001/004

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PAIN RELIEF REHAB MEDICAL CENTER, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PAIN RELIEF REHAB MEDICAL CENTER, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3750 W 16 AVESTE 138-UHIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AYMEE CABALLERO (P)

Name and Title: _____

Address 3750 W 16 AVE

Address: _____

STE 138-UHIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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TALLAHASSEE, FLORIDA

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P. 003/004

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: AYMEE CABALLERO
Address: 3750 W 16 AVE STE 138-U
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AYMEE CABALLERO
Address: 3750 W 16 AVE STE 138-U
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

07/28/2015

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.



Required Signature/Incorporator

07/28/2015

Date

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, AYMEE CABALLERO who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of SI. PAIN RELIEF REHAB MEDICAL CENTER, CORP. a Florida corporation, filed with the Florida Department of State on OCTOBER 17TH, 2007
2. The undersigned hereby consents to and authorizes the use of the name SI. PAIN RELIEF REHAB MEDICAL CENTER, CORP.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

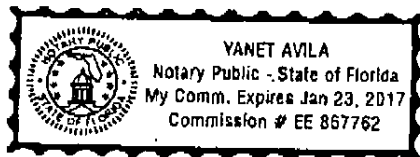


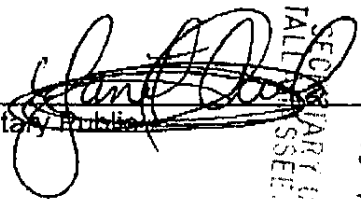
AYMEE CABALLERO

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, AYMEE CABALLERO who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 28 day of JULY, 2015.





Notary Public
15 JUL 29 AM 8:12
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