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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GONZALEZ PAIN CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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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:

GONZALEZ PAIN CENTER, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7805 CORAL WAY SUITE 103
MIAMI, FL 33155

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Johanna N Gonzalez Ruque (P)

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FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Johanna N Gonzalez Ruque
7805 Coral Way suite 103
Miami FL 33155

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

Johanna N Gonzalez Ruque
7805 coral way suite 103
Miami FL 33155

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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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