Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION WONDER PAIN MEDICAL CENTER INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

NAME: The name of the corporation is: Wonde ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:

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

WALTER GUTIERREZ RODRIGUEZ

8100 FLAGLER ST STE 2.005

MIAMI FL 33144

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

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