

CORPORATION INFORMATION  
SERVICES, INC. •  
1201 HAYS STREET  
TALLAHASSEE, FL 32310  
904-222-9171  
904-222-0191 FAX

800-342-8086

**(CS) networks**

**P95000008025**

MAIL TO:  
P.O. Box 5020  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000000

REFERENCE : 533094 3273E

AUTHORIZATION :

*Patricia Pizit*

COST LIMIT : \$ 122.50

ORDER DATE : January 31, 1995

ORDER TIME : 10:05 AM

DEBIT 133820

ORDER NO. : 533094

CUSTOMER NO: 3273E

CUSTOMER: Karen Bohn, Legal Assistant  
BAKER & HOSTETLER

Suite 2300, Sunbank Center  
200 South Orange Avenue  
Orlando, FL 32801

DOMESTIC FILING

**P95000008025**

NAME: FLORIDA PAIN & TRAUMA CLINIC,  
INC.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

EXAMINER'S INITIALS:

*Th*  
1-31-95  
02/A

RECEIVED  
95 JAN 31 AM 11:37  
DIVISION OF CORPORATION

FILED  
95 JAN 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Incorporation  
of  
FLORIDA PAIN & TRAUMA CLINIC, INC.

FILED  
95 JAN 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

Name and Duration

The name of the Corporation is FLORIDA PAIN & TRAUMA CLINIC, INC. The duration of the Corporation is perpetual. The effective date upon which this Corporation shall come into existence shall be the date these Articles are filed by the Secretary of State.

ARTICLE II

Principal Office

The address of the principal office of the Corporation is Post Office Box 161027, Altamonte Springs, Florida 32716-1027.

ARTICLE III

Registered Office and Agent

The address of the registered office in the State of Florida is 2300 Sun Bank Center, 200 South Orange Avenue, in the City of Orlando, County of Orange. The name of the registered agent at such address is A.G.C. Co.

ARTICLE IV

Corporate Purposes, Powers and Rights

1. The nature of the business to be conducted or promoted and the purposes of the Corporation are to engage in any lawful act or activity permitted under applicable law.

2. In furtherance of its corporate purposes, the Corporation shall have all of the general and specific powers and

rights granted to and conferred on a corporation by the Florida Business Corporation Act.

#### ARTICLE V

##### Capital Stock

1. The total number of shares of capital stock which the Corporation has the authority to issue is 75,000 shares of Common Stock ("Common Stock") \$0.01 par value per share.

#### ARTICLE VI

##### Incorporator

The name and mailing address of the incorporator of this Corporation is as follows:

<u>Name</u>	<u>Address</u>
A.G.C. Co.	2300 Sun Bank Center 200 South Orange Avenue Post Office Box 112 Orlando, Florida 32802

#### ARTICLE VII

##### Board of Directors

1. The number of members of the Board of Directors may be increased or diminished from time to time by the Bylaws; provided, however, there shall never be less than one. Each director shall serve until the next annual meeting of shareholders.

2. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.

3. The names and mailing addresses of the persons who shall serve as directors of the Corporation until the first annual meeting of the shareholders are as follows:

<u>Name</u>	<u>Address</u>
Ceasar N. Abiera, Jr.	Post Office Box 161027 Altamonte Springs, FL 32716-1027
James L. Eaker	Post Office Box 161027 Altamonte Springs, FL 32716-1027
W. Bruce Eaker	Post Office Box 161027 Altamonte Springs, FL 32716-1027

#### ARTICLE VIII

##### Amendment

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

#### ARTICLE IX

##### Bylaws

The power to adopt, amend or repeal bylaws for the management of this Corporation shall be vested in the Board of Directors or the shareholders, but the Board of Directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the Board of Directors.

## ARTICLE X

### Indemnification

The Corporation shall indemnify any incorporator, officer or director, or any former incorporator, officer or director, to the full extent permitted by law.

## ARTICLE XI

### Transfer of Shares

If, from time to time, a shareholders' agreement among all of the shareholders of the Corporation is in effect regarding the Subchapter S status of the Corporation pursuant to the Internal Revenue Code of the United States in effect from time to time, then transfers of the Corporation's Common Stock made not in accordance with such agreement, whether by operation of law or otherwise, are null and void ab initio.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, does make, file and record these Articles of Incorporation, and does certify that the facts herein stated are true; and I have accordingly hereunto set my hand and seal.

DATED at Orlando, Orange County, Florida, this 30<sup>th</sup> day of January, 1995.

A.G.C. Co.

By: 

Richard T. Falten  
As its: Vice President

STATE OF FLORIDA     )  
                              ) SS.  
COUNTY OF ORANGE    )

The foregoing instrument was acknowledged before me this  
30<sup>th</sup> day of January, 1995, by RICHARD T. FULTON  
of A.G.C. Co., an Ohio corporation, on behalf of the corporation.  
He/she is personally known to me or has produced  
\_\_\_\_\_ as identification.

(NOTARY SEAL)

Karen L. Bohn  
(Notary Signature)

Karen L. Bohn  
(Notary Name Printed)  
NOTARY PUBLIC  
Commission No. \_\_\_\_\_

D:\09900\00010\FLA\PAIN\ARTICLES  
01\30\95.klb



KAREN L. BOHN  
MY COMMISSION # CC434547 EXPIRES  
September 10, 1996  
BONDED THRU TROY FAIR INSURANCE, INC.

FILED  
95 JAN 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CERTIFICATE

In pursuance of the Florida Business Corporation Act, the following is submitted, in compliance with said statute:


That FLORIDA PAIN & TRAUMA CLINIC, INC., desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Incorporation at the City of Orlando, County of Orange, State of Florida, has named A.G.C. Co., located at said registered office, as its registered agent to accept service of process and perform such other duties as are required in the State.

ACKNOWLEDGMENT:

Having been named to accept service of process and serve as registered agent for the above-stated Corporation, at the place designated in this Certificate, the undersigned, by and through its duly elected officer, hereby accepts to act in this capacity, and agrees to comply with the provision of said statute relative in keeping open said office, and further states that it is familiar with §607.0501, Florida Statutes.

A.G.C. Co.

By:

  
RICHARD T. FULTON  
As its: Vice President

DATED: January 30, 1995

P95000098025

600001543636  
-07/24/95--01011--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

JIM EAKER  
2065 EAGLES REST DR.  
APOPKA, FL 32712

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
1995 JUL 21 PM 5:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED  
1995 JUL 21 PM 5:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Cesar N. Abiera, Jr., hereby resign as Director / Officer  
(Title)  
of Florida Pain & Trauma Clinic, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

Cesar N. Abiera, Jr.  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314



# FLORIDA PAIN & TRAUMA CLINIC, INC.

129 W. Hibiscus Blvd. • Suite. C • Melbourne, FL 32901

# P95000008025

March 3, 1997

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

*name  
change  
amend*

FILED  
97 MAR 18 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir,

Please find enclosed an article of amendment as required by Florida Statutes.  
The corporation is still continuing, and the only difference is the name  
change.

100002122301--0  
-03/24/97--01168--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Please do not hesitate to contact my office if I may be of further assistance.  
Thank you.

Sincerely,

*James L. Eaker*  
James L. Eaker,  
President

C. TAX  
FILING  
FEE  
AGREED FEE  
FEE  
N. FEE  
BALANCE DUE  
REFUND

RECEIVED  
97 MAR -6 AM 10:48  
DIVISION OF CORPORATIONS

Date	3/18/97
Amount	1004
Debit	1004
Excess	1004
Update	1004
Value	1004
Amount	1004
W.P. Verifier	1004



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**March 10, 1997**

**James L. Eaker**  
**Florida Pain & Trauma Clinic, Inc.**  
**129 W. Hibiscus Blvd., Suite C**  
**Melbourne, FL 32901**

**SUBJECT: FLORIDA PAIN & TRAUMA CLINIC, INC.**  
**Ref. Number: P95000008025**

**We have received your document for FLORIDA PAIN & TRAUMA CLINIC, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.**

**Please check only one box in the fourth paragraph. If the amendment was adopted by the shareholders it may be signed by an officer. If the amendment is adopted by the directors it must be signed by a director.**

**If you have any questions concerning the filing of your document, please call (904) 487-6907.**

**Annette Hogan**  
**Corporate Specialist**

**Letter Number: 597A00012118**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
**97 MAR 18 PM 1:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FLORIDA PAIN & TRAUMA CLINIC, INC.

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)**

**ARTICLE I**

**Name and Duration**

The name of the Corporation is HIBISCUS MEDICAL CLINIC, INC.  
The duration of the Corporation is perpetual. The effective date upon which this Corporation shall come into existence shall be the date these Articles are filed by the Secretary of State.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: March 3, 1997

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_  
voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 14th day of March, 19 97

Signature

W. Bruce Eaker  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

W. Bruce Eaker

Typed or printed name

Vice President

Title