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TRANSMITTAL LETTER

FILED
95 FEB -2 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: FLORIDA PAIN MANAGEMENT CENTER INC. 500001387486
(Proposed corporate name - must include suffix) 01/24/95--01020--015
****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 ☐ $78.75 ☒ $122.50 ☐ $131.25

FROM: KAZI M. HASSAN
Name (printed or typed)

5771 49th St. North
Address

ST. PETERSBURG, FL 33709
City, State & Zip

(813) 528-2261
Daytime Telephone number

787,503,2211
2/95 — 1940

NOTE: Please provide the original and one copy of the articles.

D. BROWN FEB - 2 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 26, 1995

KAZI M. HASSAN
5771 49TH STREET, NORTH
ST. PETERSBURG, FL 33709

SUBJECT: FLORIDA PAIN MANAGEMENT CENTER INC.
Ref. Number: W95000001940

We have received your document for FLORIDA PAIN MANAGEMENT CENTER INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resub `itted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 895A00003463

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

FLORIDA PAIN MANAGEMENT INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA PAIN MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5771 49th St. North
St. Petersburg, FL 33709

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KAZI M. HASSAN 5771 49th St. North
St Petersburg, FL 33709

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KAZI M. HASSAN — 5171 49th St. North, St. Petersburg, FL 33709

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of January, 1995.

x Kazi Mahmudul Hassan.
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLORIDA PAIN MANAGEMENT INC

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TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

KAZI M. HASSAN
(Name)

5771 49th St. North
(P.O. Box not acceptable)

St. Petersburg, FL 33709
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kazi Mahmudul Hasan
(Signature)

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