

**P950004975**

ARMENIA BACK PAIN CENTER, INC.  
4023 N. ARMENIA AVE. STE. 450  
TAMPA, FLORIDA 33607  
TEL. 873-8351

FILED  
95 MAY 24 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17, 1995

Secretary of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: ARMENIA BACK PAIN CENTER, INC.


Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

ARMENIA BACK PAIN CENTER, INC.

  
DR. LUIS F. VALERA  
PRESIDENT

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-05/24/95--01070--011  
\*\*\*\*122.50 \*\*\*\*122.50

D. BROWN MAY 30 1995

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ARMENIA BACK PAIN CENTER, INC.

The undersigned subscriber(s) to these Articles of Incorporation natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation shall be:

ARMENIA BACK PAIN CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV CAPITAL STOCK

The corporate is authorized to issue 1,000 shares (common) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

#### ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: ARMENIA BACK PAIN CENTER, INC.  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

The name and street address of the Initial Registered Agent of this Corporation:

NAME: DR. LUIS F. VALERA  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

#### ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: DR. LUIS F. VALERA - PRESIDENT  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

NAME: LUIS A. DAVILA - SECRETARY/TREASURE  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

NAME:  
ADDRESS:  
CITY:

NAME:  
ADDRESS:  
CITY:

NAME:  
ADDRESS:  
CITY:

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: DR. LUIS F. VALERA  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

NAME: LUIS A. DAVILA  
ADDRESS: 4023 N. ARMENIA AVE. STE. 450  
CITY: TAMPA, FLORIDA 33607

NAME:  
ADDRESS:  
CITY:

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 17TH day of MAY A.D., 1995.

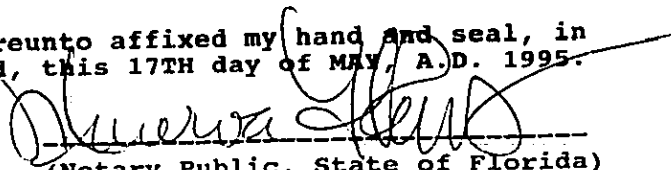
  
DR. LUIS F. VALERA

  
LUIS A. DAVILA

STATE OF FLORIDA )  
SS  
COUNTY OF HILLSBOROUGH)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared DR. LUIS F. VALERA AND LUIS A. DAVILA known to me and known to be the person(s) who executed the foregoing Articles of Incorporation and who acknowledged before me that THEY executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 17TH day of MAY, A.D. 1995.

  
(Notary Public, State of Florida)

My Commission expires



**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT  
CERTIFICATE OF REGISTERED AGENT  
ARMENIA BACK PAIN CENTER, INC.**

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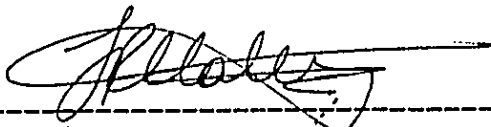
FILED  
95 MAY 24 PM 4:11  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 48.091 or 617.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 4023 N. ARMENIA AVE. STE. 450, TAMPA, FLORIDA 33607 has named DR. LUIS F. VALERA located at the aforesaid address, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
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(registered agent)