

995000043015

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

95 JUN -2 PM 12:36

DIVISION OF CORPORATIONS

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN -2 PM 3:00

RE: Florida Pain Medicine
Institute, Inc

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> <u>UCC 1 or 3 File</u>		
<input checked="" type="checkbox"/> <u>Art. of Inc. File</u>		
<input type="checkbox"/> <u>Corp. Record Search</u>		
<input type="checkbox"/> <u>Ltd. Partnership File</u>		
<input type="checkbox"/> <u>Foreign Corp. File</u>		
<input checked="" type="checkbox"/> <u>() Cert. Copy(s)</u>		
<u>Photocopy</u>		
<input type="checkbox"/> <u>Art. of Amend. File</u>		
<input type="checkbox"/> <u>Dissolution/Withdrawal</u>		
<input type="checkbox"/> <u>C U S-</u>		
<input type="checkbox"/> <u>Fictitious Name File</u>		
<input type="checkbox"/> <u>Name Reservation</u>		
<input type="checkbox"/> <u>Annual Report/Reinstatement</u>		
<input type="checkbox"/> <u>Reg. Agent Service</u>		
<input type="checkbox"/> <u>Document Filing</u>		
<input type="checkbox"/> <u>Corporate Kit</u>		
<input type="checkbox"/> <u>Vehicle Search</u>		
<input type="checkbox"/> <u>Driving Record</u>		
<input type="checkbox"/> <u>Document Retrieval</u>		
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	-06/02/95--01030--054	
	***70.00 ***70.00	
<input type="checkbox"/> <u>UCC 11 Search</u>		
<input type="checkbox"/> <u>UCC 11 Retrieval</u>		
<input type="checkbox"/> <u>File No.'s, Copies</u>		
<input type="checkbox"/> <u>Courier Service</u>		
<input type="checkbox"/> <u>Shipping/Handling</u>		
<input type="checkbox"/> <u>Phone ()</u>		
<input type="checkbox"/> <u>Top Priority</u>		
<input type="checkbox"/> <u>Express Mail Prep.</u>		
<input type="checkbox"/> <u>FAX () pgs.</u>		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____
 BY JKW CK No. _____

WALK-IN
 Will Pick Up 62 2pm

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF

FLORIDA PAIN MEDICINE INSTITUTE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 PM 3:00

ARTICLE I - NAME AND PRINCIPAL ADDRESS

The name of the corporation is Florida Pain Medicine Institute, Inc., and the principal address and principal place of business is 28 Ladoga Avenue, Tampa, Florida 33606.

ARTICLE II - REGISTERED OFFICE AND AGENT

The address of its registered office in the State of Florida is c/o PATEL, MOORE & O'CONNOR, P.A., 18167 U.S. Highway 19 North, Suite 150, in the City of Clearwater, County of Pinellas, Florida 34624. The name of its registered agent at such address is Sandip I. Patel..

ARTICLE III - PURPOSE

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Florida.

ARTICLE IV - AUTHORIZED SHARES OF STOCK

The total number of shares of stock which the corporation is authorized to issue is Ten Thousand (10,000) and the par value of each of such shares is Ten Cents (\$0.10) amounting in the aggregate to One Thousand Dollars (\$1,000.00).

ARTICLE V - BOARD OF DIRECTORS

The business and affairs of the corporation shall be managed by the board of directors, and the directors need not be elected by ballot unless required by the bylaws of the corporation. The names and mailing addresses of each person who is to initially serve as a director until the first annual meeting of the stockholders or until a successor is elected and qualified, are as follows:

NAME

MAILING ADDRESS

Devanand Mangar

28 Ladoga Avenue
Tampa, Florida 33606

In furtherance and not in limitation of the powers conferred by the laws of the State of Florida, the board of directors is expressly authorized to adopt, amend or repeal the bylaws of this corporation.

ARTICLE VI - AMENDMENTS

The corporation reserves the right to amend and repeal any provision contained in this Certificate of Incorporation in the manner prescribed by the laws of the State of Florida. All rights conferred are granted subject to this reservation.

ARTICLE VII - INCORPORATOR

The incorporator is Sandip I. Patel, whose mailing address is c/o PATEL, MOORE & O'CONNOR, P.A., 18167 U.S. Highway 19 North, Suite 150, Clearwater, FL 34624.

THE UNDERSIGNED, being the incorporator, for the purpose of forming a corporation under the Laws of the State of Florida, does make, file and record this Certificate of Incorporation, does certify that the facts herein stated are true, and, accordingly, have hereto set his hand and seal this 1st day of June, 1995.

By:

Sandip I. Patel

Sandip I. Patel
Incorporator

Acknowledgment of Registered Agent

I hereby am familiar with and accept the duties and responsibilities as Registered Agent for said corporation.

By:

Sandip I. Patel

Sandip I. Patel
Registered Agent

FILED STATE
SECRETARY OF CORPORATIONS
95 JUN -2 PM 3:00