

4/16/96

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATION
DEPARTMENT OF REVENUE 192 N. FLAGLER ST
SUITE 200
135 EAST TOWN
TALLAHASSEE, FL 32301
FAX (904) 901-0000
CONTACT: NAME: STORMONT
PHONE: (305) 841-3894
FAX: (305) 841-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: NEUROLOGY PAINOUT, INC.
FAX AUDIT NUMBER: H96000005369 CURRENT STATUS: REQUESTED
DATE REQUESTED: 04/16/1996 TIME REQUESTED: 15:19:40
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 7 METHOD OF DELIVERY: FAX
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Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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** ENTER 'M' FOR MENU. **
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NUM Connect: 00:55:2

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96 APR 17 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRET
TALLAHASSEE

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ARTICLES OF INCORPORATION
OF
NEUROLOGY PAINOUT, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: NEUROLOGY PAINOUT, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 717 PONCE DE LEON BLVD. #223
CORAL GABLES FL 33134

ARTICLE IV

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To have a corporate seal, which may be altered at pleasure, and to use the same by causing it, or a facsimile thereof, to be impressed, affixed, or in any other manner reproduced;

RAY STORMONT
EMPIRE CORPORATE KIT COMPANY
1492 West Flagler Street # 208
Miami, Florida 33135-2208
(305) 541-2684

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To purchase, take, receive, lease, or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or any interest therein, wherever situated;

To sell, convey, mortgage, pledge, create a security interest in, lease, exchange, transfer, and otherwise dispose of all or any part of its property and assets;

To lend money to, and use its credit to assist, its officers and employees in accordance with Florida Statute §607.141;

To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge, or otherwise dispose of, and otherwise use and deal in and with, shares or other interests in, or obligations of, other domestic or foreign corporations, associations, partnerships, or individuals, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district, or municipality or of any instrumentality thereof;

To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or pledge of all or any of its property, franchises, and income;

To lend money for its corporate purposes, invest and reinvest its funds, and take and hold real and personal property as security of the payment of funds so loaned or invested;

To conduct its business, carry on its operations, and have offices and exercise the powers granted by this act within or without this state;

To elect or appoint officers and agents of the corporation and define their duties and fix their compensation.

To make and alter bylaws, not inconsistent with its articles of incorporation or with the laws of this state, for the administration;

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To make donations for the public welfare or for charitable, scientific, or educational purposes;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans, and other incentive plans for any or all of its directors, officers, and employees and for any or all of the directors, officers, and employees of its subsidiaries;

To be a promoter, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary or convenient to effect its purposes;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statute 5607.014;

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: LEONARDO D'ALERTA
717 PONCE DE LEON BLVD. #223
CORAL GABLES FL 33134

ARTICLE VII

The initial board of Directors shall consist of a total of 3 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is:

PRESIDENT/DIRECTOR
MARIA TERESA ACOSTA 511 EAST 38 STREET HIALEAH FL 33013

VICE PRESIDENT/DIRECTOR
MARIO D'ALERTA 137 S.W. 136 PLACE MIAMI FL 33184

TREASURER
LEONARDO D'ALERTA 13080 S.W. 6 STREET MIAMI FL 33184

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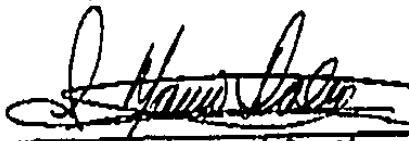
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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.

First that Neurology Partners, Inc.
(Name of Corporation)
desiring to organize under the laws of the State of Florida
(Florida)
with its principal office, as indicated in the articles of
incorporation has named Leonardo D. Alonzo
(Name of Registered Agent)
located at 717 Ponce de Leon Blvd. 223
City of Coral Gables, FL 33134 county of Dade
(City) (County)

State of Florida, as its agent to accept service of process within this as follows.

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.



SIGNATURE Registered Agent

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96 APR 17 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Neurology Partners
1068 SW 67 Avenue
Miami FL 33144

City/State/Zip

Phone #

600002146376--S
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*****87.50 *****87.50

Office Use Only

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

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97 APR 18 PM 1:35
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TALLAHASSEE, FLORIDA

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 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

*Name Change
w/
Amendments
5/1/97*

DL



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 24, 1997

NEUROLOGY PAINOUT
1068 SW 67 AVENUE
MIAMI, FL 33144

SUBJECT: NEUROLOGY PAINOUT, INC.
Ref. Number: P96000033292

We have received your document for NEUROLOGY PAINOUT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 097A00021116

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

NEUROLOGY PAINOUT, INC.

(present name)

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97 APR 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

CHANGE ARTICLE I (NAME OF CORPORATION) TO: SOUTH FLORIDA PAINOUT, INC.
CHANGE ARTICLE III (PRINCIPAL AND MAILING ADDRESS) TO: 1068 SW 67TH AVE.,
MIAMI, FL 33144
CHANGE ARTICLE VI TO: AIDEE DOMINGUEZ, AS REGISTERED AGENT AND 1068 SW
67TH AVE., MIAMI, FL 33144 AS REGISTERED OFFICE.
CHANGE ARTICLE VII (OFFICER) TO: AIDEE DOMINGUEZ, 1068 SW 67TH AVE., MIAMI,
FL 33144, AS THE NEW PRESIDENT. DELETE,
MARIA T. ACOSTA, AS PRESIDENT, MARIO
D'ALERIA, AS VICE-PRESIDENT AND
LEONARDO D'ALERIA, AS TREASURER.

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: April 14, 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.

Signed this 15th day of April, 1997.

Signature Aidee Dominguez
(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)

AIDEE DOMINGUEZ

Typed or printed name

PRESIDENT/REGISTERED AGENT

Title

I should you have any questions please
do not hesitate to contact me. at
(305) 267-9700 Thank you!

Alana Lopez

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 SOUTH FLORIDA PAINOUT, INC.

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

AIDEE DOMINGUEZ

(NAME)

1068 SW 67th AVENUE

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 33144

(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.

Aidee Dominguez
(SIGNATURE)

APRIL 15th, 1997
(DATE)