

5/20/96

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT

DEPARTMENT OF STATE

STATE OF FLORIDA

109 WEST NINE STREET

TALLAHASSEE, FL 32399

FAX: (904) 922-4000

482 W. FLAGLER ST

SUITE 200

MIAMI FL 33136-

0280

CONTACT: MIY STORMONT

PHONE: (305) 841-3600

FAX: (305) 841-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: TAMARAC HOLISTIC PAIN CENTER, INC.

FAX AUDIT NUMBER: H96000007514

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/29/1996

TIME REQUESTED: 11:08:40

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 MAY 29 PM 1:17

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P.01/22

EMPIRE CORPORATE KIT

MAY-29-1996 11:48

Linfeng Zhou, Esq.
3109 Stirling Rd. #101
Ft. Lauderdale, FL 33312
(805) 983-6176
FBN. 0033420

②

ARTICLES OF INCORPORATION
OF
TAMARAC HOLISTIC PAIN CARE CENTER, INC.

I, the undersigned, a natural person competent to contract, do hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation pursuant to Section 607.0202 of the Florida Statutes.

ARTICLE I
NAME OF CORPORATION

The name of the corporation shall be:

TAMARAC HOLISTIC PAIN CARE CENTER, INC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III
CAPITAL STOCK

A. The total authorized capital stock of this corporation is ONE THOUSAND (1,000) shares of Common Stock, par value \$1.00 per share.

B. Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he or she already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IV
TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE V
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street and mailing address of the principal office of this corporation in the State of Florida is: 7301 N. UNIVERSITY DRIVE, SUITE 103, TAMARAC, FL 33321
directors may from time to time move the principal office to another address in Florida.

ARTICLE VI
NUMBER OF DIRECTORS

This corporation shall have not less than one (1) director.

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TALLAHASSEE, FLORIDA

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**ARTICLE VII
FIRST BOARD OF DIRECTORS**

The name and street address of the initial member(s) of the Board of Directors are:

**LIE LIU SUN
1851 NW 108 AVE.
PEMBROKE PINES, FL 33026**

**ARTICLE VIII
INCORPORATOR**

The name and street address of the Incorporator of the Articles of Incorporation is:
Linfeng Zhou, 3109 Stirling Road, Suite 101, Ft. Lauderdale, Florida 33312.

**ARTICLE IX
INITIAL OFFICE AND REGISTERED AGENT**

The street and mailing address of the initial office and registered agent of the corporation is: **TAMARAC HOLISTIC PAIN CARE CENTER, INC., 7301 N. UNIVERSITY DRIVE, SUITE 103, TAMARAC, FL 33321**, and the name of the initial registered agent of this corporation at the address is: **LIE LIU SUN**.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of May, 1996.



Linfeng Zhou, Incorporator

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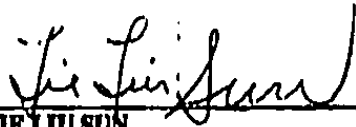
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 607.0501 or 617.0501, Florida Statutes, the following is submitted:

TAMARAC HOLISTIC PAIN CARE CENTER, INC., a corporation being organized under the laws of the State of Florida, with its principal place of business **7301 N. UNIVERSITY DRIVE, SUITE 103, TAMARAC, FL 33321**, has named **LIE LIU SUN** as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for **TAMARAC HOLISTIC PAIN CARE CENTER, INC.**, at the place designated in this certificate, I hereby agree to act in such capacity and I further agree to comply with the provisions of said Act with respect to keeping such office open.


LIE LIU SUN

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96 MAY 29 PM 3:01
SECRETARY OF STATE
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JUN-21 1996

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P96000045504

FLORIDA DIVISION OF CORPORATIONS

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((H96000008689))

TO: DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

STATE OF FLORIDA

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

1492 W FLAGLER ST

SUITE 200

MIAMI FL 33135-

CONTACT: RAY STORMONT

PHONE: (305) 541-3694

FAX: (305) 541-3770

((H96000008689))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: TAMARAO HOLISTIC PAIN CARE CENTER, INC.

FAX AUDIT NUMBER: H96000008689

CURRENT STATUS: REQUESTED

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65 JUN 21 AM 10:40

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TALLAHASSEE, FLORIDA

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(2)

ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION OF
TAMARAC HOLISTIC PAIN CARE CENTER, INC.

p96000045504

The following provisions of the Articles of Incorporation of TAMARAC HOLISTIC PAIN CARE CENTER, INC., a Florida corporation, duly filed in Tallahassee, Florida, be and are hereby amended in the following particulars:

The name of the corporation is hereby amended to:

SUN HEALTH PAIN CARE CENTER, INC.

The foregoing amendments were adopted by unanimous consent of the shareholders and directors of the corporation on June 19, 1996.

IN WITNESS WHEREOF, the undersigned director has executed these Articles of Amendment this 20th day of June, 1996.

Lie Hui Sun
LIE HUI SUN, shareholder
Director and President

STATE OF FLORIDA)
COUNTY OF BROWARD)

Sworn to and subscribed before me a Notary Public this 20th day of June, 1995.

Linfeng Zhou
Notary public
My commission expires:

Produced identification ()
Personally known (X)



"OFFICIAL SEAL"
Linfeng Zhou
My Commission Expires 6/18/99
Commission #00473820

PREPARED BY:
Linfeng Zhou, P.A.
3109 Stirling Road #101
Ft. Lauderdale, FL 33312
954-983-6176
FBN-0033420

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