

P96000073789

TRANSMITTAL LETTER

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

SUBJECT: HEALTH AND PAIN CENTER, INC.
(Proposed corporate name - must include suffix)

600001938105.
-09/04/96--01086--016
****122.50 ****122.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: HILDA R. NAVARRO.
Name (printed or typed)

9600 S.W. 8 STREET, SUITE 23B
Address

MIAMI, FLORIDA 33174
City, State & Zip

(305) 264 6020
Daytime Telephone number

FILED
66 SEP -3 PM 3:55
RECEIVED DEPT OF STATE
TALLAHASSEE, FLORIDA

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

9.5.96
KR

ARTICLES OF INCORPORATION

HEALTH AND PAIN CENTER, 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:

HEALTH AND PAIN CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

9600 S.W. 8 STREET, SUITE 23B

MIAMI, FLORIDA 33174.

ARTICLE III SHARES

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

100 SHARES NON PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HILDA ROSA NAVARRO

9600 S.W. 8 STREET, SUITE 23B

MIAMI, FLORIDA 33174.

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

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

HILDA ROSA NAVARRO
9600 S.W. 8 STREET SUITE 23B
MIAMI, FLORIDA 33174.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
20th day of AUGUST, 1996.

(An additional article must be added if an effective date is requested.)

 PRESIDENT

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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: HEALTH AND PAIN CENTER, INC.

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

HILDA ROSA NAVARRO.

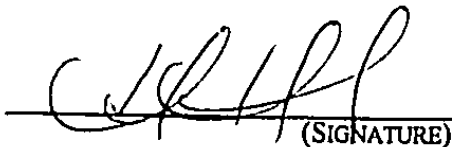
(NAME)

9600 S.W. 8 STREET SUITE 23B
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA 33174

(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.


(SIGNATURE)

AUGUST 20th, 1996.

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SEP-3 11 3:55
TALLAHASSEE, FLORIDA