

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

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 \$ _____

EFFECTIVE DATE
OCT - 7 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	10/9		
TIME			CK No. _____
BY			

WALK-IN
Will Pick Up 9:30 *W/A*

RE: Outpatient Pain & Treatment
Center, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Gen. Copy(s) <i>Photo</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		

SUBTOTALS

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

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

EFFECTIVE DATE
OCT - 7 1996

FILED
96 OCT -9 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
OUTPATIENT PAIN & TREATMENT CENTER, INC.

The undersigned Incorporator for the purpose of forming a corporation under Chapter 617 of the Florida Statutes, hereby adopt the following Articles of Incorporation:

ARTICLE I - NAME AND ADDRESS

The name of this corporation is OUTPATIENT PAIN & TREATMENT CENTER, INC. The business mailing address of the corporation is 5100 N. Nebraska Avenue, Tampa, Florida 33603.

ARTICLE II - DURATION

The duration of the corporation is perpetual.

ARTICLE III - COMMENCEMENT OF EXISTENCE

The corporation shall commence its existence at the time that the Article of Incorporation are subscribed to and acknowledged.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any business that a corporation may engage in under the laws of the State of Florida.

ARTICLE V - INITIAL SUBSCRIBER

The initial subscriber to these Articles of Incorporation is Angela L. Miller, 5100 N. Nebraska Avenue, Tampa, Florida 33603.

ARTICLE VI OFFICERS AND DIRECTORS

Officers and Directors shall be duly elected by the Bylaws of the Corporation and shall serve until the next election or their resignation. The officers and directors may either be increased or

decreased from time to time by the Bylaws, but shall never be less than one.

ARTICLE VII - BYLAWS

The Bylaws of the Corporation shall be made by the Initial Subscriber. The Bylaws shall be adopted and may be amended in accordance with the procedure set forth in the Bylaws.

ARTICLE VIII - AMENDMENTS

The Articles of Incorporation of the Corporation may be amended by resolution of the Board of Directors, approved by the members of the Corporation, as provided in the Bylaws of the Corporation.

ARTICLE IX - RESIDENT OFFICE AND REGISTERED AGENT

The Resident Office and the Registered Agent of the Corporation shall be:

J. Darrin Miller
5100 N. Nebraska Avenue
Tampa, FL 33603

The undersigned subscriber has executed these Articles of Incorporation this 1 day of October, 1996.

Angela L. Miller
ANGELA L. MILLER

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 7th day of October, 1996, by ANGELA L. MILLER, who is personally known to me or who has produced Florida License as identification and who did/did not take an oath.

Kimberly Calhoun
NOTARY PUBLIC
STATE OF FLORIDA
My Commission Expires: Sept. 15, 2000



Kimberly Calhoun
My Commission CC984833
Expires Sep. 15, 2000

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for OUTPATIENT PAIN & TREATMENT CENTER, INC., at the place designated in the Articles of Incorporation, I, J. Darrin Miller, hereby agree to act in this capacity, and agree to comply with the provisions of Section 48.091, Florida Statutes, relative to keeping such office open.

By: 

J. DARRIN MILLER
5100 N. Nebraska Avenue
Tampa, Florida 33603

FILED
96 OCT -9 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA