P97000005306

1-16-97

Requestor's Name

Address PBR

City State ZIP Phone

VOLUNTARY DISSOLUTION ONLY

300002065213--4
-01/22/97--01169--001
****157.50 ****122.50

CORPORATION(S) NAME

$122.50

Paincare Plus, Inc.

FILED
97 JAN 17 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
97 JAN 17 PM 3:03
BUREAU OF CORPORATION

(X) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

(X) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is PainCare Plus, Inc.

The period of its duration is perpetual.

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

The principal place of business of the corporation is 5955 NW 99 Way Parkland, FL 33076

The corporation shall have authority to issue 100 shares, all of one class, $1.00 par value.

The address of its initial registered office is Two S. University Dr. Plantation, FL 33324 and the name of its initial registered agent at said address is Brian Lynn, CPA

The number of directors constituting its initial board of directors is 2 whose name(s) and address(es) is(are)

Name	Address
LISA RUDERMAN	5955 NW 99 Way Parkland, FL 33076
GARY RUDERMAN	5955 NW 99 Way Parkland, FL 33076

The name(s) and address(es) of the incorporator(s) is(are):

Name	Address
LISA RUDERMAN	5955 NW 99 Way Parkland FL 33076

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lisa Ruderman
Signature of Incorporators

Dated 1/1, 1997

STATE OF FLORIDA
COUNTY OF Broward

Before me, the undersigned authority, personally appeared LISA RUDERMAN who is to me well known to be the person described in an who subscribes the above articles of incorporation, and he did agree, and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at _____ in said County and State this 1st day of January, 1997.

Deborah Lynn
Notary Public
STATE OF FLORIDA

My commission expires _____

DEBORAH LYNN
My Commission CC451429
Expires May. 08, 1999
Bonded by ANB
800-852-5878

FEES: $122.50

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
97 JAN 17 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 to designate the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Pain Care Plus, Inc

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

Brian Lynn CPA
(Name)

Two South University Drive Ste 215
(P.O. Box Not Acceptable)

Plantation FL 33324
(City/State/Zip)

SIGNATURE Lisa Ruderman
(Corporate Officer)

TITLE President

DATE 1/1/97

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 Brian Lynn CPA

DATE 1/1/97