

PA100005366

1-16-97

Requester's Name
Address
City State ZIP Phone

PBR

VALIDATION ONLY

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

CORPORATION(S) NAME

\$22.50

Paincare Plus, Inc.

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

Empire Toll Free: 1-800-432-3028

RECEIVED

57 JAN 17 PM 11:03
DIVISION OF CORPORATIONS

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☒ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☒ Pick Up
☐ After 4:30
☐ Mail Out

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

CERTIFIED COPY

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

FILED

97 JAN 17 PM 3:06

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

Lisa Ruderman

Signature of Incorporators

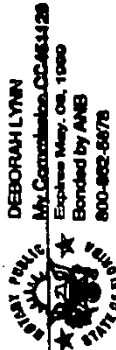
Dated 1/11, 1997

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 1st day in said County and State this 11th day of January, 1997.

Deborah Lynn
Notary Public
STATE OF FLORIDA



My commission expires

FEES: \$122.50

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

FILED
97 JAN 17 PM 3:06
CLERK OF STATE
TALLAHASSEE, 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 20

(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

DATE

1/1/97