ACCOUNT NUMBER:	22883-2649	97 FAIL
REFERENCE: (Sub Account)	-	D courses
DATE:	9-18-57	∅, ω ; <b>Ξ ; ; ;</b>
REQUESTOR NAME:	INTERNATIONAL RESEARCH BUREAU, INC.	39
ADDRESS:	POST OFFICE BOX 14189 TALLAHASSEE, FL 32317	•
TELEPHONE:	(904)(942.2025) ext(	
CORPORATION NAME:	PAIN + Flehab Specia	ilist of Lale
DOCUMENT NUMBER:	1/0 1	57
	/1/11/ 1/ 1	
(if applicable)  AUTHORIZATION:	- Motor	(i)

## ARTICLES OF INCORPORATION

<u>of</u>

### PAIN & REHAB SPECIALISTS OF LAKELAND, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I: NAME

The name of the corporation shall be PAIN & REHAB SPECIALISTS OF LAKELAND, INC.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be PAIN & REHAB SPECIALISTS OF LAKELAND, INC., 5202 N. Armenia Avenue, Tampa, FL 33603.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (300) shares having a par value of one dollar (\$1.00) per share.

## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Sam Dorio, business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 4005 San Nicholas, Tampa, FL 33629.

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## ARTICLE V: INCORPORATORS

The names and addresses of the incorporators to these Article of Incorporation are:

Sam Dorio, business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 4005 San Nicholas, Tampa, FL 33629.

Emmanuel Acosta, M.D., business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 18605 Avenue Monaco, Lutz, FL 33549; and,

Martin Underwood, D.C., business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 10223 Charleston Corner Road, Tampa, FL 33635.

#### ARTICLE VI: DIRECTORS

The names and addresses of the directors of the corporation are:

Sam Dorio, business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 4005 San Nicholas, Tampa, FL 33629.

Emmanuel Acosta, M.D., business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 18605 Avenue Monaco, Lutz, FL 33549; and,

Martin Underwood, D.C., business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 10223 Charleston Corner Road, Tampa, FL 33635.

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#### ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporators and directors that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation. Such actions as are necessary will be taken by the appropriate officer(s) to accomplish this compliance.

The undersigned has executed these Article of Incorporation this /o day of / , 1997.

Sam Dorig,

Incorporator/Director/

Registered Agent of

PAIN & REHAB SPECIALISTS OF LAKELAND,

INC.

Emmanuel Acosta, M.D.,

Incorporator/Director/

HAIN & REHAB SPECIALISTS OF LAKELAND,

S. auch ans

INC.

Martin Underwood, D.C., Incorporator/Director/

PAIN & REHAB SPECIALISTS OF LAKELAND.

INC.

# <u>CERTIFICATION OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 PAIN & REHAB SPECIALISTS OF LAKELAND, INC.
- The name and address of the registered agent and office is:

Sam Dorio, business address: 5202 N. Armenia Avenue, Tampa, FL 33603; residence: 4005 San Nicholas, Tampa, FL 33629.

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HAVING BEEN NAMED AS THE 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 THE 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.

Dated this 10 day of Sytucke, 1987.

Incorporator/Director/ Registered Agent of

PAIN & REHAB SPECIALISTS OF LAKELAND,

INC.