

# P97000097956

CARREGAL ACCOUNTING SERVICE

6115 North Armenia Ave.

Tampa, FL 33604

(813) 877-6371

12 November 1997

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

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TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE ARTICLES OF INCORPORATION Back II Nu Medical Center, Inc.. AS WELL AS A CHECK FOR 122.50 COVERING THE VARIOUS FEES.

PLEASE RETURN THE CERTIFIED COPY OF THE ARTICLES TO MY ATTENTION AT 6115 N. ARMENIA AVENUE, SUITE B, TAMPA, FLORIDA 33604.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE FEEL FREE TO CALL (813) 877-6371

THANK YOU,

  
ALAN CARREGAL

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ARTICLES OF INCORPORATION  
OF  
Back II Nu Medical Center, Inc.

The undersigned subscribers, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be: Back II Nu Medical Center, Inc.  
The principal place of business of this corporation shall be  
3310 West Cypress Suite 201 Tampa, FL 33607

ARTICLE II: TERM OF EXISTENCE

The duration of this corporation is perpetual.

ARTICLE III: NATURE OF BUSINESS

This corporation is organized for the purpose of operating a business, and transacting of any and all lawful business for which corporations may be incorporated under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV: CAPITAL STOCK

The corporation may issue FIVE HUNDRED (500) shares of voting common stocks of par value one dollar (\$1.00) each share with preemptive rights preserved.

ARTICLE V: ADDRESS & REGISTERED AGENT

The name and address of the initial registered agent and office of the corporation is: Carlos A. Rodriguez 3310 West Cypress Suite 201 Tampa, FL 33614

ARTICLE VI: DIRECTORS

The corporation shall have no directors.

ARTICLE VII: OFFICERS AND INCORPORATORS

The names and addresses of the officers and incorporators of this corporation are:

Carlos A. Rodriguez                      Pres  
3310 West Cypress Suite 201  
Tampa FL 33614

There shall be one initial officer of the corporation. The number of the officers should be established by the bylaws and could be changed from time to time, but always should be at least one officer, the President.

The incorporators of this corporation are:

Carlos A. Rodriguez                      Pres  
3310 West Cypress Suite 201  
Tampa FL 33614

*Carlos A. Rodriguez*

State of Florida  
County of Hillsborough

BEFORE ME, a Notary Public duly authorized in the state of Florida and county of Hillsborough, personally appeared the above mentioned subscriber(s) to me known to be the person(s) described as the subscriber(s) in and who executed the foregoing Articles of Incorporation and acknowledged before me that they executed the same and subscribed to these Articles of Incorporation.

WITNESS MY HAND and official seal in the County and State named above this 12 November 1997.

*Alan Carregal*  
Notary Public, State of Fl at Large

My commission expires: \_\_\_\_\_



"OFFICIAL SEAL"  
ALAN CARREGAL  
My Commission Expires 4/10/99  
Commission #CC440619

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 in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is: Back II Nu Medical Center, Inc.
2. The name and address of the registered agent and office is:

Carlos A. Rodriguez 3310 West Cypress Suite 201 Tampa, FL 33614

Signature: Carlos A. Rodriguez

Title: Pres

Date: 11-12-97

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: Carlos A. Rodriguez

Date: 11-12-97

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