

P97000105146

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-11/26/97--01007--007
*****70.00 *****70.00

SUBJECT: CENTRO DEL MANEJO PARA EL DOLOR Y OSTEOPOROSIS CORPORATION
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

RUBEN NUNEZ M.D.

Name

1437 S.W. 1th STREET

Address

MIAMI, FLORIDA, 33135

City, State, & Zip

(305) 541-8972

Telephone Number

FILED
97 DEC 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEY DEC 15 1997

W 97-26780
English Trans

Note: Additional copy of articles is needed only when certified copy is requested.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 1, 1997

RUBEN NUNEZ MD
1437 SW 1 STREET
MIAMI, FL 33135

SUBJECT: CENTRO DEL MANEJO PARA EL DOLOR Y OSTEOPOROSIS
CORPORATION
Ref. Number: W97000026780

FILED
97 DEC 12 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CENTRO DEL MANEJO PARA EL DOLOR Y OSTEOPOROSIS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an English translation for the entity's name in your cover letter.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 297A00056760

THE TRANSLATION FOR THE CORPORATION IS

MANAGEMENT CENTER FOR PAIN AND OSTEOPOROSIS

ARTICLES OF INCORPORATION

OF

CENTRO DEL MANEJO PARA EL DOLOR Y OSTEOPOROSIS CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CENTRO DEL MANEJO PARA EL DOLOR Y OSTEOPOROSIS CORPORATION

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1437 S.W. 1th STREET, MIAMI, FLORIDA, 33135

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares at \$1.00 each

ruben nunez 510 shares

luis sastre 490 shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RUBEN NUNEZ M.D. 1437 S.W. 1th STREET, MIAMI, FLORIDA, 33135

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RUBEN NUNEZ M.D. 1437 S.W. 1th STREET, MIAMI, FLORIDA, 33135

LUIS R. SASTRE P.A. 1437 S.W. 1th STREET, MIAMI, FLORIDA, 33135

The undersigned has(have) executed these Articles of Incorporation this

11/21/97 day of _____, 19____.

x [Signature] President
Signature/Title

x [Signature] Vice-President
Signature/Title

Signature/Title

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: CENTRO DEL MANEJO PARA EL
DOLOR Y OSTEOPOROSIS CORPORATION

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

RUBEN NUNEZ M.D.

(NAME)

1437 S.W. 1th STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA, 33135

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE President

DATE 11/21/97

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 

DATE 11/21/97

REGISTERED AGENT FILING FEE: \$35.00