

OFFICE USE ONLY (Document #)

IZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000002440250--5

-02/25/98--01025--022

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIAMI-DADE PAIN CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(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:

MIAMI-DADE PAIN CENTER, INC.

ARTICLES II PRINCIPAL OFFICE

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

**11406 SW 35TH LANE
MIAMI, FLORIDA 33165**

ARTICLES III SHARES

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

500 SHARES \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ALFREDO REY
11406 SW 35TH LANE
MIAMI, FLORIDA 33165**

FILED
98 FEB 25 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES V INCORPORATE(S)

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

ALFREDO REY
11406 S W 35TH LANE
MIAMI, FLORIDA 33165

PRESIDENT, DIRECTOR

JUAN M. GUTIERREZ
11406 SW 35TH LANE
MIAMI, FLORIDA 33165

SECRETARY, TREASURER, DIRECTOR

ARTICLE VI DIRECTOR(S)

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

ALFREDO REY
11406 SW 35TH LANE
MIAMI, FLORIDA 33165

JUAN M GUTIERREZ M.D.
11406 SW 35TH LANE
MIAMI, FLORIDA 33165

The undersigned incorporate(s) has(have) executed these Articles of Incorporation this 24TH day of FEBRUARY, 1998

✓

Signature ALFREDO REY PRESIDENT, DIRECTOR

Signature JUAN M GUTIERREZ, M.D. SECRETARY, TREASURER, DIRECTOR

Articles of Incorporation

Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED 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:

MIAMI-DADE PAIN CENTER, INC.


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

ALFREDO REY
(Name)

11406 SW 35TH LANE
(P.O. Box not acceptable)

MIAMI, FLORIDA 33165
(City/State/Zip)

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.

✓ 
ALFREDO REY (Signature)

FILED
98 FEB 25 PM 2:18
SECRETARY OF STATE
TALLAHASSEE
FLORIDA
02/24/98
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314