

S

P 980000 43791

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

((H98000009128 3))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3694

ACCT#: 072450003255

FAX #: (305) 541-3770

NAME: FLORIDA PAIN & REHAB CENTERS, P.A.

AUDIT NUMBER.....H98000009128

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:  
Help F1 Option Menu F2

Connect: 00:01:30

FILED  
98 MAY 14 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. CHESSEB MAY 14 1998

498000009128

FILED  
98 MAY 14 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
FLORIDA PAIN & REHAB CENTERS, P.A.**

**ARTICLE I - NAME**

The name of the professional association is: FLORIDA PAIN & REHAB CENTERS, P.A.

**ARTICLE II - DURATION**

This professional association shall be perpetual commencing the date of execution and acknowledgment of these Articles.

**ARTICLE III - PURPOSE**

This professional association is organized for the purpose of transacting any or all lawful business, including but not limited to:

- a. Any and all lawful business.
- b. Pursue its purposes and business in any and all locations foreign and domestic.
- c. Acquire, own, hold, develop, deal in and with, maintain and operate, unlimitedly, such real and personal property of every kind and description within and without the State of Florida.
- d. Buy and sell real and personal property of any nature whatsoever.
- e. Convey, sell, assign, transfer, lease, mortgage, pledge, exchange or otherwise deal with any property.
- f. Import and export wares, goods and merchandise of any nature whatsoever.
- g. Carry on all or any of the business of manufacturers, producers, fabricators, processors, distributors, purchasers and sellers of products and supplies of every kind, character and nature.
- h. Purchase, hold, sell, transfer or deal in any manner with or in stocks, bonds, obligations, securities or interests of its own or of any other person, firm or corporation.
- i. Pay cash or issue capital stock, debentures, bonds, mortgages, or other obligations of the corporation for any acquisition by the corporation and for any other lawful purpose.
- j. Engage in the acquisition, ownership, sale, distribution and licensing of patents, improvements and franchises, trademarks and trade names, and to operate thereunder.
- k. Engage in the practice of medicine and chiropractics in all aspects.

This document prepared by:  
HAROLD WEISSMAN, ESQUIRE  
1776 North Pine Island Road, Suite 118  
Plantation, Florida 33322 Tel: (305) 474-2001  
Florida Bar No: 334154

498000009128

498000009128

l. Enter into, make and perform contracts of every kind and description with any person, firm or association, corporation and body politic conducive to the attainment of any of the objects or purposes of the association.

m. Enter into any and all types of agreements relating to financing, factoring and guarantees and to guarantee or secure, in any way, the debts or obligations of any other persons, firms and/or associations.

n. Guarantee performance by any other person and/or entity.

In general, this association may, without restriction, perform any and all acts and functions permitted by law.

#### ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of common stock at ONE DOLLAR (\$1.00) par value common stock.

#### ARTICLE V - PRINCIPAL PLACE OF BUSINESS

The principal place of business for FLORIDA PAIN & REHAB CENTERS, P.A. is 1776 North Pine Island Road, Suite 106, Plantation, Florida 33322.

#### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of this corporation is:

HAROLD WEISSMAN, ESQUIRE  
1776 Pine Island Road  
Suite 118  
Plantation, Florida 33322  
Telephone (954) 474-2001

#### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased from time to time by the by-laws but shall never be less than one (1). The name and address of the directors of this association is:

##### NAME

##### ADDRESS

SETH JOSEPH  
Vice President/Secretary

1776 North Pine Island Road  
Suite 106  
Plantation, Florida 33322

498000009128

H98000009128

Robert Schwartz  
President/Treasurer

1776 North Pine Island Road  
Suite 106  
Plantation, Florida 33322

**ARTICLE VIII - INCORPORATOR**

The name and address of the person signing these articles is:

SETH JOSEPH  
1776 North Pine Island Road  
Suite 106  
Plantation, Florida 33322

**ARTICLE IX - AMENDMENT**

This association reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 8 day of MAY, 1998.

  
SETH JOSEPH

STATE OF FLORIDA        ) SS.  
COUNTY OF BROWARD    )

The foregoing Articles of Incorporation were acknowledged before me this 8 day of May, 1998, by SETH JOSEPH, , who is personally known to me / or who has produced the foregoing identification Drivers License and who did / did not take an oath.

  
NOTARY PUBLIC

STATE OF FLORIDA

Name: Iris Silverstone

My Commission expires:  
Commission No:



IRIS L SILVERSTONE  
My Commission CC83768  
Expires Mar. 08, 2000

H98000009128

HA1000009128

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

\*\*\*\*\*

In pursuance with Chapter 48.091 of the Florida Statutes, the following is submitted in compliance with said Act:

FIRST; That FLORIDA PAIN & REHAB CENTER, P.A., desiring to organize under the laws of the State of Florida, with its registered office as indicated in the Articles of Incorporation, in the City of Fort Lauderdale, Broward County, State of Florida, has named FLORIDA PAIN & REHAB CENTERS, INC., 1776 North Pine Island Road, Suite 118, Plantation, Florida as its registered agent to accept service of process within the State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

  
HAROLD WEISSMAN  
REGISTERED AGENT

FILED  
98 MAY 14 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HA1000009128