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MAY 15, 1998

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS"

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-05/26/98--01071--006

****122.50 ****122.50

FROM: CENTRO DE DOLOR, OSTEOPOROSIS Y
TRAUMATOLOGIA CORPORATION

ATTN: MS. BETH (REGISTER)
CORPORATE SPECIALIST SUPERVISOR

REF #: W98000009326 LETTER # 998A00022632
DATED: 05-05-98

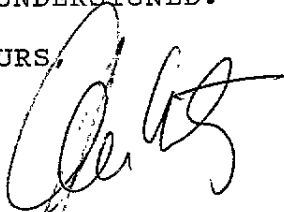
AS PER YOUR REQUEST ON YOUR LETTER, ATTACHED PLEASE FIND A
CHECK IN THE AMOUNT OF US \$122.50 PAYABLE TO DEPARTMENT OF
STATE.

MY ADDRESS AND PHONE NUMBER ARE AS FOLLOWS:

1437 S.W. 1st STREET
MIAMI, FL. 33135
PH: 305-541-9101

IF YOU HAVE ANY FURTHER QUESTIONS, DO NOT HESITATE TO
CONTACT THE UNDERSIGNED.

SINCERELY YOURS,



English MIGUEL A. AMOR M.D.

Center of Pain, Osteoporosis and Traumatology
Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 26 AM 9:59

5/28



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 5, 1998

MIGUEL A AMOR 2ND MAILING
1437 SW 1 ST
MIAMI, FL 33135

SUBJECT: CENTRO DE DOLOR, OSTEOPOROSIS Y TRAUMATOLOGIA
CORP.
Ref. Number: W98000009326

We have received your document for CENTRO DE DOLOR, OSTEOPOROSIS Y TRAUMATOLOGIA CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35
Certified Copy	\$52.50
Total Fee Due	\$122.50

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 998A00022632

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAY 29 AM 9:59

ARTICLES OF INCORPORATION

The undersigned incorporator, 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:

CENTRO DE DOLOR, OSTEOPOROSIS Y TRAUMATOLOGIA
CORP.

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 SHARES

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
MIGUEL A. AMOR - 510 SHARES
LUIS R. SASTRE - 490 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

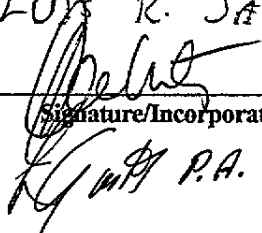
The name and Florida street address of the initial registered agent are:

MIGUEL A. AMOR, M.D. 1437 S.W. 1th STREET, MIAMI, FL
33135


ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MIGUEL A. AMOR, M.D. 1437 S.W. 1th STREET - MIAMI, FL
LUIS R. SASTRE P.A. 1437 S.W. 1th ST. MIAMI, FL 33135



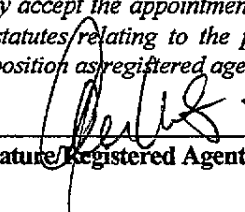
Signature/Incorporator
Luis R. Sastre P.A.



Date
4/21/98

(An additional article must be added if an effective date is requested.)

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/Registered Agent



Date
4/21/98