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LAW OFFICES OF
GOLDMAN, BRUNING, MILDNER & KRIEGER, P.A.

ATTORNEYS AT LAW
LAW AND FINANCE BUILDING
10570 SOUTH U.S. HIGHWAY ONE, SUITE 300
PORT ST. LUCIE, FLORIDA 34952

HAROLD H. GOLDMAN (1931-1997)
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LICENSED IN FL AND NJ
ROY T. MILDNER
JOHN J. KRIEGER

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September 10, 1998

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

In re: **Center for Pain & Injury, Inc.**

To Whom It May Concern:

We are enclosing herewith the original and one copy of the Articles of Incorporation for the above-named proposed corporation for filing with the Division of Corporations. Also enclosed is our check in the amount of \$122.50 representing your fee. Please return to this office to my attention one copy of the Articles of Incorporation upon filing of the same.

Very truly yours,

GOLDMAN, BRUNING, MILDNER & KRIEGER, P.A.

Roy T. Mildner
Roy T. Mildner

RTM:bjw
Enclosures

FILED
98 SEP 28 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 29 1998

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 23, 1998

ROY T. MILDNER, ESQUIRE
10570 SOUTH U.S. HIGHWAY ONE
SUITE 300
PORT ST. LUCIE, FL 34952

SUBJECT: CENTER FOR PAIN & INJURY, INC.
Ref. Number: W98000021830

We have received your document for CENTER FOR PAIN & INJURY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

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) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 598A00048078

ARTICLES OF INCORPORATION

1. The name of the Corporation shall be and is:

CENTER FOR PAIN & INJURY, INC.

2. The duration of the Corporation shall be perpetual and the commencement of the Corporate existence shall be at the time of the filing of these Articles.

3. The general purpose of the Corporation shall be any lawful business for which a corporation may exist under Chapter 607 of the Florida Statutes.

4. The address of the principal office and the mailing address of the corporation are:

10073 South Federal Highway
Port St. Lucie, FL 34952

5. The aggregate number of shares of stock of the Corporation shall be Seven hundred fifty (750) shares of common stock, each having a par value of One and No/100 (\$1.00) Dollar for a total authorized capitalization of Seven Hundred Fifty and No/100 (\$750.00) Dollars. Each of such shares shall be entitled to one (1) vote and no other classes of stock are authorized.

6. The street address of its initial registered office and the name of its initial registered agent at such address are:

Roy T. Mildner
10570 South U. S. One, Suite 300
Port St. Lucie, FL 34952

7. The initial Board of Directors for the Corporation shall be one, his name and address being:

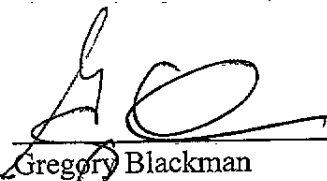
Gregory Blackman
10073 South Federal Highway
Port St. Lucie, FL 34952

8. The name and address of the incorporator hereof is:

Gregory Blackman
10073 South Federal Highway
Port St. Lucie, FL 34952

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, GREGORY BLACKMAN, the Incorporator, has hereunto set
his name and seal this 11th day of September, 1998.



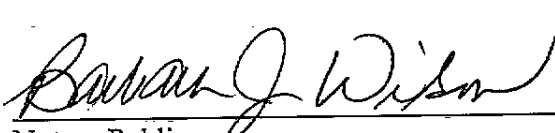
Gregory Blackman

ACKNOWLEDGMENT

STATE OF FLORIDA)
COUNTY OF ST. LUCIE)

Before me, a Notary Public in and for said State and County personally appeared
GREGORY BLACKMAN, who is (☒) personally known to me or who has () produced
_____ as identification, who acknowledges himself
to be the Incorporator of CENTER FOR PAIN & INJURY, INC. and that he signed his name to
its Articles of Incorporation for the purposes herein contained and to have the same recorded and
filed as such.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal this 11th day
of September, 1998.



Notary Public
State of Florida
My Commission Expires:

(Seal)



Barbara J. Wilson
MY COMMISSION # CC543414 EXPIRES
May 1, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

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

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

That CENTER FOR PAIN & INJURY, INC. (a corporation for profit), desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation of the County of St. Lucie, State of Florida, has named Roy T. Mildner, 10570 South U. S. One, Suite 300, Port St. Lucie, FL 34952, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

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



Roy T. Mildner
10570 South U. S. One, Suite 300
Port St. Lucie, FL 34952

FILED
98 SEP 28 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA