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*Law Offices*

*Michael Anthony Remy, P.A.*

*Michael Anthony Remy*

OF COUNSEL

*George V. Lanza*

LEGAL ASSISTANT

*N. Liza McField*

December 18<sup>22nd</sup>, 1998

SENT VIA FEDERAL EXPRESS

FILED  
98 DEC 24 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
409 East Gaines Street  
Tallahassee, Florida 32399

600002721546--0  
-12/24/98-01014-005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RE: CORAL GABLES PAIN CENTER & ALTERNATIVE MEDICINE, INC.

Dear Sir:

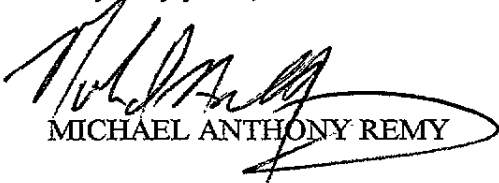
Enclosed please find the following pertaining to the above corporation:

1. Original and one copy of Articles of Incorporation.
2. Resident Agent Form.
3. Check, made payable to you, in the sum of \$78.75
4. Prepaid Federal Express Air bill.

Kindly forward the Certificate of Incorporation back to our office at your earliest convenience.

Thank you.

Very truly yours,

  
MICHAEL ANTHONY REMY

MAR/nlm

SHARON

DEC 24 1998

**ARTICLES OF INCORPORATION**  
**OF**  
**CORAL GABLES PAIN CENTER & ALTERNATIVE MEDICINE, INC.**

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TALLAHASSEE, FLORIDA

**ARTICLE 1**

**The name of this corporation is:**

**CORAL GABLES PAIN CENTER & ALTERNATIVE MEDICINE, INC.**

**ARTICLE 11**

**DURATION**

**This corporation shall exist perpetually.**

**ARTICLE 111**

**PURPOSE**

**This corporation is organized for the following purposes:**

**To transact any and all lawful business.**

**ARTICLE IV**  
**CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to issue is 100 shares, no par value.

All stock when issued shall be fully paid and non-assessable. The entire capital stock, or any portion thereof, may be paid for in cash, property, labor or services, or a consideration having in the judgment of the Board of Directors of the corporation a value at least equal to the full value of the stock to be issued.

**ARTICLE V**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 18090 Collins Avenue, Suite T4, Sunny Isles, Florida 33160, and the name of the initial registered agent of this corporation at that address is CHUNG AN PAN.

**ARTICLE VI**  
**INITIAL BOARD OF DIRECTORS**

This corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one.

The name and address of the initial directors of this corporation is:

**DR. CHUNG AN PAN**  
**18090 COLLINS AVENUE, SUITE T4**  
**SUNNY ISLES, FLORIDA 33160**

**DR. FRANK PIERRE**  
**18090 COLLINS AVENUE, SUITE T4**  
**SUNNY ISLES, FLORIDA 33160**

ARTICLE V111

INCORPORATORS

The names and addresses of the persons signing these articles are:

DR. CHUNG AN PAN  
18090 COLLINS AVENUE, SUITE T4  
SUNNY ISLES, FLORIDA 33160

DR. FRANK PIERRE  
18090 COLLINS AVENUE, SUITE T4  
SUNNY ISLES, FLORIDA 33160

ARTICLE 1X

BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the shareholders.

ARTICLE X

AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation in the manner provided for by law.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles

of Incorporation this 22<sup>nd</sup> day of December, 1998.

Witness

DR. CHUNG AN PAN

Witness

Witness

Witness

DR. FRANK PIERRE

**CERTIFICATE DESIGNATING INITIAL OFFICE OF CORPORATION FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING INITIAL  
RESIDENT AGENT UPON WHOM PROCESS MAY BE SERVED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED, IN COMPLIANCE WIT SAID ACT:  
CORAL GABLES PAIN CENTER & ALTERNATIVE MEDICINE, INC.,  
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA,  
HAS DESIGNATED THE STREET ADDRESS OF THE INITIAL OFFICE OF  
THIS CORPORATION AS BEING 18090 COLLINS AVENUE, SUITE T4,  
SUNNY ISLES, FLORIDA 33160. THE NAME OF THE INITIAL RESIDENT  
AGENT OF THIS CORPORATION AT THAT ADDRESS IS: CHUNG AN PAN.  
HAVING BEEN NAMED AS INITIAL RESIDENT AGENT FOR THE ABOVE  
STATED CORPORATION, AT THE INITIAL OFFICE OF THE  
CORPORATION DESIGNATED ABOVE , I HEREBY ACCEPT TO ACT IN  
THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF  
SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

BY:

  
CHUNG AN PAN  
INITIAL RESIDENT AGENT