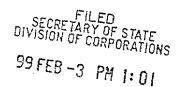
	ACCOUNT NO. : 07210000032	-
	REFERENCE : 120830 8676A	
	AUTHORIZATION Patricia Puguto	
	COST LIMIT: \$ 70.00	. –
	ORDER DATE: February 2, 1999	-
	ORDER TIME : 2:43 PM	
	ORDER NO. : 120830-015 80000276	29387
	CUSTOMER NO: 8676A	•
Alan Sengar	CUSTOMER: Elaine R. Steeris, Legal Asst MERRILL BOOKSTEIN, ESQ MERRILL BOOKSTEIN, ESQ	
	MERRILL BOOKSTEIN, ESQ MERRILL BOOKSTEIN, ESQ 4800 North Federal Highway Suite 201b Boca Raton, FL 33431	
-	민 5 DOMESTIC FILING	
تر _{بر} و	DOMESTIC FILING S NAME: SOUTH FLORIDA PAIN AND REHABILITATION CENTER, INC.	1 66 13 kind 13 kind
	EFFECTIVE DATE:	FEB -C
	XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	CORPORA
	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	TATE NOTION
	CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
	CONTACT PERSON: Cassandra Lamm EXAMINER'S INITIALS:	·



ARTICLES OF INCORPORATION

OF

SOUTH FLORIDA PAIN AND REHABILITATION CENTER, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SOUTH FLORIDA PAIN AND REHABILITATION CENTER, INC.

The address of the principal office of this corporation

shall be Kenneth Schwartz, Esq., C/O Schwartz & Riddle, 4800

South Federal Highway, Boca Raton, Florida 33421,

and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 4800 North Federal Highway, Suite 201B, Boca Raton, Florida 33431, and the name of the initial registered agent of the corporation at that address is Merrill A. Bookstein, ESQ.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Fritz Scharanberg Dir./Pres/V.Pres. Sec./Treas.

Kenneth Schwartz, C/O Schwartz & Riddle, 4800 South Federal Highway, Suite 2018 Boca Raton, Florida 33421

ARTICLE VII. INCORPORATOR

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

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned agent of
Corporation Service Company, has hereunto set their hand
and seal of Corporation Service Company, on February 2, 1999.

CORPORATION SERVICE COMPANY

By: Luberah 10. Shipper)
It's Agent, Deborah D. Skipper

CLB

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE...

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1.	The name of	of the corporation is: SOUTH FLORIDA PAIN AND REHABILITATION		
		ا الله الله الله الله الله الله الله ال		
		CENTER, INC.		
ż.	The name	and address of the registered agent and office is:	90	⊋` ≷`
	,,,,		99 FEB	SEC
		MERRILL A. BOOKSTEIN, ESQ.		보고 대학교
	_	(Name)	ယ် -	SZE
		4800 N. FEDERAL HIGHWAY - SUITE 201B	7	주무 역 S
	-	(P.O. Box not acceptable)		ÃŽ.
•		BOCA RATON, FLORIDA 33431	0	STATE
	-	(City/State/Zip)		
				,

Having been named as registered agent and to accept service of process for the above stated compression 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 povies, and I am familiar with and accept the obligations of my position as registered agent.

/(Stonature)

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