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LAZARUS CORPORATE FILING SERVICE, INC.  
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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. FLORIDA PAIN INSTITUTE, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
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  Photocopy   
  Certificate of Status

RECEIVED  
 99 OCT -7 AM 11:46  
 DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 99 OCT 11 PM 4:07  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*Handwritten signature and date: 10/11/99*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 7, 1999

LAZARUS

MIAMI, FL

SUBJECT: FLORIDA PAIN INSTITUTE, INC.  
Ref. Number: W99000023191

We have received your document for FLORIDA PAIN INSTITUTE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 299A00048689

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 OCT 11 PM 3:03

RECEIVED

ARTICLES OF INCORPORATION  
OF  
SOUTH EASTERN PAIN INSTITUTE, INC.

FILED  
99 OCT 11 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, the undersigned subscriber to these Articles of Incorporation, a natural person competent to contract hereby associate to form a Corporation under the Laws of the State of Florida.

ARTICLE I  
NAME OF THE CORPORATION

The name of the Corporation shall be: SOUTH EASTERN PAIN INSTITUTE, INC.

ARTICLE II  
NATURE OF BUSINESS

The general nature of business to be transacted by this Corporation shall be the practice of Anesthesiology and pain management, and any other activities of business permitted under the laws of the United States of the State of Florida.

To manufacture, purchase or otherwise acquire, and to own, mortgage, pledge, sell, assign, transfer, or otherwise dispose of, and to invest in, trade in, deal in, and with goods, wares, merchandise, real and personal property, and services of every kind, class and description, except that that is not to conduct a banking, safe deposit, trust, insurance, surety, express, railroad, cancel, telegraph, cooperative association, fraternal benefit society, state fair or exposition.

To conduct business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or other wise dispose of real , and personal property, including franchises, patents, copyrights, trade marks, licenses, in the State of Florida and in all other states and countries.

To contracts debts, and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness and execute such mortgages, transfer of corporate property, or other instruments to secure payment of Corporate indebtedness as required.

To purchase corporate assets of any other corporation and engage in the same or other character of business. To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge, or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidence of indebtedness created by any other corporation of the Sate of Florida, or any other state or government, and while owner of such stock, to exercise all rights, powers, and privileges of ownership, including the right to vote such stock.

ARTICLE III  
CAPITAL STOCK

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is 1,000 shares of common stock at \$1,00 par value per share.

ARTICLE IV  
INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is not less than Five Hundred Dollars (\$500.00)

ARTICLE V  
TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VI  
PRINCIPAL PLACE OF BUSINESS

The initial street address in this state of the principal office of this corporation is 2601 SW 37<sup>th</sup> Ave. Suite 806, Miami, FL, 33133.

The Board of Directors may from time-to-time, move the principal office to any other address in the State of Florida.

ARTICLE VII  
DIRECTORS

This corporation shall have not less than one director initially. The number of directors may be increased or diminished from time-to-time, by the by-laws adopted by the stockholders.

ARTICLE VIII  
BOARD OF DIRECTORS

The name and street address of the member of the first Board of Director is:

NAME	TITLE	ADDRESS
Joseph E. Mouhanna	President	2601 SW 37 <sup>th</sup> Ave. Suite 806 Miami, FL, 33133

ARTICLE IX  
SUBSCRIBERS

NAME	ADDRESS	SHARES	CONSIDERATION
Joseph E. Mouhanna	2601 SW 37 <sup>th</sup> Ave. Suite 806 Miami, FL, 33133	500	\$ 500.00

ARTICLE X  
REGISTERED AGENT

The address of the Registered Office of this corporation shall be 4471 NW 36 Street; Suite 211 Miami Springs, FL, 33166 and the Registered Agent shall be Joseph E. Mouhanna.

Pursuant to Florida Status Section 607.164, having been named to accept process for the above State Corporation, at the place design in these Articles of Incorporation, I hereby accept to agree to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

By *Joseph E. Mouhan*

ARTICLE XI  
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by-laws. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at the stockholders meeting by the majority of the stock entitled to vote them on, unless the director and the stockholders, sign a written statement manifesting their intention, that a certain amendment of these Articles of Incorporation be made.

STATE OF FLORIDA  
COUNTY OF DADE

I, HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County Above named, to take acknowledgment, personally appeared:

WITNESS my hand and official seal in the County and State name above this 1 day of Sept 1999.

*Joseph E. Mouhan*  
JOSEPH E. MOUHANNA

NOTARY PUBLIC  
STATE OF FLORIDA  
GERMAN PENA  
COMMISSION # CC 727341  
EXPIRES MAR 23, 2002  
BONDED THRU  
ATLANTIC BONDING CO, INC.

*German Pena*  
Notary Public, State at Large  
My Commission Expires:

99 OCT 11 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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