CAPITAL CONNECTION, INC. CAPITAL CAPITAL CONNECTION, INC. CAPITAL CAPITAL

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	Annual Report / Reinstatement				
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ARTICLES OF INCORPORATION

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

OF

Suncoast Pain & Trauma Center, Inc.

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 is Suncoast Pain & Trauma Center, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4637 Amherst Ct., Fort Myers, FL 33907.

ARTICLE III: CAPITAL STOCK

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

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michelot Louis, 4637 Amherst Ct., Fort Myers, FL 33907.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is Michelot Louis, 4637 Amherst Ct., Ft. Myers, FL 33907.

The undersigned has executed these Articles of Incorporation this 15th day of October 1999.

"Capital Connection, Inc. by Chris Grunewald, Client Representative"

Chin Grunewald

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CERTIFICATE OF DESIGNATION

SEURETARY OF STATE TALLAHASSEE, FLORIDA

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

1.	The name	o£ t	he cor	poration	is: <u>Sur</u>	icoast Pain	& Traum	ıa Cen	ter, Inc
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2. is:	The name	≥ and : Loui:	street	address Amherst C	of the	registere Vers, FL	ð agent 3907.	and	office
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HAVE 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.

Michelot Louis