

GUERNICA & GONZALEZ

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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P00000023585

February 28, 2000

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

EFFECTIVE DATE
2-28-00

FILED
00 MAR -1 AM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Surgical Instrument Systems USA, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation of Surgical Instrument Systems USA, Inc., as well as a check for \$ 70 covering the filing fee.

Please process and forward all resulting documentation to our office.

Sincerely,



Eduardo S. Gonzalez
for the firm

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3-8-00
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ARTICLES OF INCORPORATION

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 shall be:

SURGICAL INSTRUMENT SYSTEMS USA, INC.

EFFECTIVE DATE
2-28-00

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12300 S.W. 112 AVE.
MIAMI, FLORIDA 33176

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JURGEN G. ZIEMER
12300 S.W. 112 AVE.
MIAMI, FLORIDA 33176

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR

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

JURGEN G. ZIEMER
12300 S.W. 112 AVE.
MIAMI, FLORIDA 33176

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation will be:

FEBRUARY 28, 2000

Signature/Incorporator

Date

Having 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.

Signature/Registered Agent

Date