

F00000001362

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FILED STATE
SECRETARY OF CORPORATIONS
MAR 13 AM 8:15

March 11, 2000

To: Florida Department of State/Corporations Division

From: Leif A. Tonnessen

Re: SpineUniverse, Inc. Ref#: 00-3-04727

7000003168417-1
-03/14/2000-01033-006-
*****78.75 *****78.75

	Articles of Incorporation		Reservation of Name
	Articles of Organization		Change of Registered Agent & Office
x	Application For Authority		Application For Withdrawal
	Certificate of Limited Partnership		Assumed Name Certificate
	Application for Amended Authority		Certificate of Amendment
x	Check Enclosed	3754	Amount \$78.75

Special Comments:

Please file and return a certified copy as evidence of filing via FedEx using my account #

Type of Service:

CF - 70.00
CMT 8.75

	Same Day	xx	Expedited		Routine Basis
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Return Evidence to:

Leif A. Tonnessen LAT & Associates, Inc. 51 Everett Drive, Suite 107 B P.O. Box 496 West Windsor, New Jersey 08550-0496	(4)
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Send Via :

FAX 609 895-1776	x	My Fedex #2140-9855-5		Regular Mail
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3/12 3/13/00

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED STATE
SECRETARY OF CORPORATIONS
MAR 13 AM 8:45

1. SpineUniverse, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. February 7, 2000
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1401 NW 9th Avenue, Boca Raton, FL 33486
(Current mailing address)
8. Internet services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida, 32301
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

LEIF A. TANNESSEN
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: Brandon J. Luskin, M.D.Address: 1401 NW 9th Avenue, Boca Raton, FL 33486

Vice Chairman: _____

Address: _____

Director: Stewart G. Eidelson, M.D.Address: 1401 NW 9th Avenue, Boca Raton, FL 33486Director: Brian GreerAddress: 1401 NW 9th Avenue, Boca Raton, FL 33486**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Brandon J. Luskin, M.D.Address: 1401 NW 9th Avenue, Boca Raton, FL 33486Vice President: Brian GreerAddress: 1401 NW 9th Avenue, Boca Raton, FL 33486Secretary: Stewart G. Eidelson, M.D.Address: 1401 NW 9th Avenue, Boca Raton, FL 33486Treasurer: Brandon J. Luskin, M.D.Address: 1401 NW 9th Avenue, Boca Raton, FL 33486**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Brandon J. Luskin M.D. President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. BRANDON LUSKIN MD President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 13 AM 8:45

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPINEUNIVERSE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPINEUNIVERSE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel

Edward J. Freel, Secretary of State

3173300 8300

001066284

AUTHENTICATION: 0248376

DATE: 02-09-00