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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orthosport Network, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peter Phillip Hagood, Esq.

(Name of Person)

Payas Payas & Payas, LLP.

(Firm/Company)

1018 East Robinson Street

(Address)

Orlando, Florida 32801

(City/State and Zip code)

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For further information concerning this matter, please call:

Dimitar Alexandrov

(Name of Person)

at ( 303 ) 669-5982

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

P A Y A S • P A Y A S • P A Y A S • L L P

A t t o r n e y s   A t   L a w

Armando Payas  
Armando R. Payas  
Carlos E. Payas

**Amanda N. Gifford**  
**Peter P. Hagood**  
P. 407.425.7223  
F. 407.398.1035

October 24, 2003

1018 East Robinson St.  
Orlando, FL 32801

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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To Whom It May Concern:

Please be advised that the undersigned represents ORTHOSPORT NETWORK, INC.  
Enclosed please find:

1. Transmittal Letter for Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Executed Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence from the State of Colorado;
4. Registration fee in the amount of \$87.50 for Filing fee, Certificate of Status & Certified Copy made payable to the Florida Department of State.

Please process the application and should you have any further questions or comments or need any additional documentation please contact the undersigned directly.

Sincerely,

  
Peter P. Hagood

**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.

1. ORTHOSPORT NETWORK, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

NA.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado 3. 82-0540552  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/22/02 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification.  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 494 South Sheridan Avenue, Suite 100, Denver, Colorado 80226  
(Principal office address)  
10125 West Colonial Drive, Suite 114, Ocoee, Florida 34761  
(Current mailing address)

8. To conduct physical therapy.  
(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: Peter Phillip Hagood, Esq.

Office Address: 1018 East Robinson Street

Orlando, Florida 32801  
(City) (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.*

  
(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 business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Dimiter Alexandrov

Address: 494 South Sheridan Avenue, Suite 100, Denver, Colorado 80226  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Dimiter Alexandrov

Address: 494 South Sheridan Avenue, Suite 100, Denver, Colorado 80226  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Peter Phillip Hagood, Esq. attorney for Orthosport Network, Inc.  
(Typed or printed name and capacity of person signing application)

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# STATE OF COLORADO

## DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,  
hereby certify that, according to the records of this office,

ORTHOSPORT NETWORK, INC.  
(Colorado CORPORATION )  
File # 20021103924

was filed in this office on April 22, 2002 and has complied with the applicable provisions  
of the laws of the State of Colorado and on this date is in good standing and authorized as  
competent to transact business or to conduct its affairs within this state.

Dated: October 14, 2003

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### For Validation:

Certificate ID: 718224

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow the  
instructions displayed.

[www.sos.state.co.us/ValidateCertificate](http://www.sos.state.co.us/ValidateCertificate)

*Donetta Davidson*

SECRETARY OF STATE