

TRANSMITTAL LETTER  
P00000005373

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

000003093520--9  
-01/10/00--01106--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: GRACE MEDICAL, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: JOSEPH CASTRONOVO, III  
Name (Printed or typed)

7512 Dr. Phillips Blvd. Suite 50-279  
Address

Orlando, FL 32819  
City, State & Zip

407-354-0032  
Daytime Telephone number

FILED  
00 JAN 10 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

GRACE MEDICAL, INC.

FILED  
00 JAN 10 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporate, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

I. NAME: The name of the Corporation shall be:

GRACE MEDICAL, INC.

II. PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

7512 Dr. Phillips Blvd. Suite 50-279  
Orlando, FL 32819

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

5000 SHARES \$1.00 PAR VALUE

IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

JOSEPH CASTRONOVO, III  
7512 Dr. Phillips Blvd. Suite 50-279  
Orlando, FL 32819

V. INCORPORATORS:

The name(s) and street address of the incorporator to these Articles of Incorporation is:

JOSEPH CASTRONOVO, III  
7512 Dr. Phillips Blvd. Suite 50-279  
Orlando, FL 32819

The undersigned incorporator has executed these Articles of  
Incorporation this 5<sup>TH</sup> day of January, 2000.

  
\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED 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.

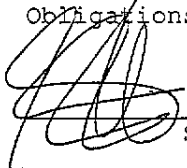
1. The name of the corporation is:

GRACE MEDICAL, INC.

2. The name and address of the registered agent and office is:

JOSEPH CASTRONOVO, III  
7512 Dr. Phillips Blvd. Suite 50-279  
Orlando, FL 32819

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

1/5/2000  
Date

FILED  
00 JAN 10 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA