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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

FLORIDA PROFIT CORPORATION OR P.A.
CERTIFIED SURGEON ASSISTANT OF FLORIDA INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

B. McKnight JAN 31 2000

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ARTICLES OF INCORPORATION

Article 1: Name of Corporation: CERTIFIED SURGEON ASSISTANT OF FLORIDA INC.

Address of Corporation: 8209 NORTHWEST 8TH STREET

PLANTATION, FLORIDA 33324

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100 , with a par value of 1.00 .
(PAR VALUE IS NOT REQUIRED).

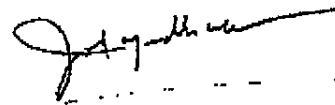
Article 3: REGISTERED AGENT: JOEL MADHUKAR

REGISTERED OFFICE: 8209 NORTHWEST 8TH STREET

PLANTATION, FLORIDA 33324

* I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

01 / 28 / 00
Date



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, second is Vice President, then Secretary/Treasurer.

1. JOEL MADHUKAR, 8209 NORTHWEST 8TH STREET, PLANTATION, FLORIDA 33324

2.

3.

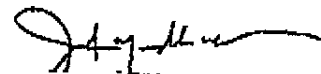
Article 5: The NAME and ADDRESS of the INCORPORATOR is:

JOEL MADHUKAR

8209 NORTHWEST 8TH STREET

PLANTATION, FLORIDA 33324

In witness whereof, I have subscribed my name:



Signature of Incorporator

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