POOCOOO 1003

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

SUBJECT:	TNNOVATIVE MEDIC	AL SYSTEMS, INCorate name - must include su		
Enclosed is an or	riginal and one(1) copy of the article		00031342 -02/14/00010 *****78.75 * check for :	53 <u>-2</u> 81-002 ****78.75
S70.0 Filing Fe	/ 3	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRC	DANIEL B. KAR Name (Printed or typed)		·
	1745 WINDING	OAKS WAY Address	TALL AH	SECRETA
	2 941-593-	ORIDA 34109 7, State & Zip 4666 Telephone number	ASSÉE, FLORIDA	TARY OF STATE

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

TICLES OF INCORPORATION	-))	<u> </u>	ļ
LICLES OF INCORPORATION				

EFFECTIVE DATE

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

2000 FEB 14 AM 10: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ADTICI	r	T	RTA	ME

The name of the corporation shall be:

INNOVATIVE MEDICAL SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1745 WINDING OAKS WAY NAPLES, FL 34109

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DANIEL KAPLAN 1745 WINDING DAKS WAY NAPLES, FL 34109

ARTICLE V INCORPORATOR

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

DANIEL KAPLAN 1745 WINDING OAKS WAY NAPLES, FL 34109

Sign		
ARTICLE DI	Effective Date:	3-1-2000

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(An additional article must be added if an effective date is requested.)

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

ACO 1/ /		
LBKuplan.	2-10-00	
Signature/Registered Agent	Date	-