P000003355

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

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SUBJECT: ADVANCED VRTHOPEDIC MALMOSTIL AND REHABILITATION CENTER TIME.

(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

70.00 🗖 \$78.75

Filing Fee Filing Fee & Certificate of Status

\$78.75

3 \$87.50

Filing Fee

Filing Fee,

& Certified Copy Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: GAELAN CLAPLE
Name (Printed or typed)

2509 W DEUZY ST

TAMBA, FC 33607 City, State & Zip

(813) 874 3103

Daytime Telephone number

00 JUL 31 AMII: 22
SECRETARY OF STATE

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME OO JUL 31 AH 11: 22

ARTICLE I NAME

The name of the corneration

The name of the corporation shall be:

ADVANCED ORTHOPEDIC DIAGNOSTIC AND REHABILITATION CEMER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3115 W. COLUMBUS DR. \$109, TAMPA, FL 33607

ARTICLE III PURPOSE...

The purpose for which the corporation is organized is:

TO PROUBE MEDICAL DIALHOSTY AND REMABILITATION SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI	REGISTERED	AGENT
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The name and Florida street address of the registered agent is:

GAELAN CLARK TZ YSWIGO W POESS

TAMPS, FL 33607 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN (ARLOS BORRAS 5815 58 STREET CT.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registerell Agent

- / ' C

2-25-00

Signature/Incorporator

Date