

08/21/2000

14:04

305-5597477

DADE MTG.

PAGE 01

Page 1 of 2

Division of Corporations

PO00000079008

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000043944 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : T19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 21 AM 9:07

FILED

FLORIDA PROFIT CORPORATION OR P.A.

A.P.G. RECOVERY HEALTH CARE PRODUCTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

H000000439448

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 21 AM 9:07

FILED

ARTICLES OF INCORPORATION

OF

A.P.G. RECOVERY HEALTH CARE PRODUCTS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

A.P.G. RECOVERY HEALTH CARE PRODUCTS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual success on by its corporate

name:

A.P.G. RECOVERY HEALTH CARE PRODUCTS, INC.

CLARA BEAR
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

H000000439448

H 000000 43944 8

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**JOSE ALVARO PONGUTA GARZON
8504 NW 66 ST
MIAMI, FL 33172**

The principal office shall be:

**8504 NW 66 ST
MIAMI, FL 33172**

The stockholders for this Corporation are:

**ORTOPEDICOS FUTURO Y/O JOSE ALVARO PONGUTA GARZON
CARRERA 14 # 79-71
BOGOTA-COLOMBIA**

H 000000 43944 8

H00000043944 8

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** person, and the name and address of the person who is to serve as an initial director is:

JOSE ALVARO PONGUTA GARZON
8504 NW 66 ST
MIAMI, FL 33172


PRESIDENT

JOSE ALVARO PONGUTA NAVAS
8504 NW 66 ST
MIAMI, FL 33172


VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

JOSE ALVARO PONGUTA GARZON
8504 NW 66 ST
MIAMI, FL 33172

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 21 day of AUGUST , 2000


JOSE ALVARO PONGUTA GARZON

H00000043944 8

H 00000043944 8

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

A.P.G. RECOVERY HEALTH CARE PRODUCTS, INC.

2. The Name and Address of the registered agent and office is

**JOSE ALVARO PONGUTA GARZON
8504 NVV 66 ST
MIAMI, FL 33172**

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

Dated: AUGUST 21, 2000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 21 AM 9:08

FILED

H 00000043944 8