CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P00000086155

Joint Preservation Clinics, Inc.

UUU003389700--0
-09/12/00--01032--018
*****87.50 *****87.50

- ✓ Art of Inc. File Cert
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ✓ Cert. Copy
- ____ Photo Copy
- ✓ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

FILED
00 SEP 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 SEP 12 AM 11:02

T. SMITH SEP 12 2000

Signature

Requested by:
CD 9/12/00 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
00 SEP 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

JOINT PRESERVATION CLINICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1790 SANS SOUCI BLVD
NORTH MIAMI FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL TREATMENTS, DIAGNOSIS

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ALLAN R. DUNN, M.D., PRES.
SUSAN L. DUNN SECY, TREAS 1790 SANS SOUCI BLVD, NORTH MIAMI 33181

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

ALLAN R. DUNN, M.D. 1790 SANS SOUCI BLVD, NORTH MIAMI FL 33181

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ALLAN R. DUNN, M.D. 1790 SANS SOUCI BLVD, NORTH MIAMI FL 33181

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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

Allan R Dunn MD
Signature/Registered Agent

9/11/00
Date

Allan R Dunn, MD
Signature/Incorporator

9/11/00
Date