CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 1-800-342-8062 • Fax (850) 222-1222)681
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ARTICLES OF INCORPORATION

OF

TAGON Medical, INC.

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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

ARTICLE I: NAME

The name of the corporation is TAGON Medical, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1171 Bluffs Circle, Dunedin, FL 33698.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred thousand (100,000) shares having a par value of one cent (\$0.01) per share common stock.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jeff Albinson, c/o Albinson & Persante, P.A., 4625 East Bay Drive, Suite 223, Clearwater, FL 34624.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Shawn Fisher, 1171 Bluffs Circle, Dunedin, FL 34698.

The undersigned has executed these Articles of Incorporation this 30th day of November 2000.

"Capital Connection, Inc. by Lance L. McGee, Client Representative"

Lance L. mor

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: TAGON Medical, INC. HE SEE 30	
1. The name of the corporation is: TAGON Medical, INC.	
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2. The name and street address of the registered agen mind 5	
C/b	
ALBINSON & PERSANTE, P.A.	
4625 East Bay Drive Suite 223 Clearwater El 34624	

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 DUTLES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

