P01000004118

TRANSMITTAL LETTER

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

Spine Specialty Seminars, Inc.
(Proposed corporate name - must include suffix)

700003532717 -01/11/01--01044--nn3 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

■ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Frank lin W. Ambrose
Name (Printed or typed) Fred Smith Rd.

(850) 385-9884

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Spine Specialty Seminars, In	全器	NWF 10	Ą
ARTICLE II PRINCIPAL OFFICE	TARY OF ASSEE, FI	=	
The principal place of business and mailing address of this corporation shall be: 2543 Fred Smith Rd. Tallahassee, FL 32303	VOINIC	61:01	

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Diane E. Kelley, C.P.A.

1549 Colonial Drive Tallahassee, FL 32303

ARTICLE V INCORPORATOR

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

Franklin W. Ambrose 2543 Fred Smith Rd. Tallahassee, FL 32303

Min MM 1-8-2001
Signature/Incorporator Date

(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—

Signature/Registered Agent

// 8 /200/ Date