

*FILED*

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INTERNATIONAL PROTHESIS & MEDICAL  
(Corporation Name) (Document #)

2. EQUIPMENT INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 JAN 23 PM 2:09

**FILED**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

RECEIVED  
01 JAN 23 AM 10:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

600003567496-00  
-01/23/01-01025-013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

CHARRUS 2201770

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

International Prothesis & Medical Equipment Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8578 SW. 8th Street  
Miami, Fla. 33144

### ARTICLE III SHARES

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

500 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Annette B. Fonseca  
8578 SW. 8th Street  
Miami, Fla. 33144

01 JAN 23 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

Annette B. Fonseca  
8578 SW. 8th Street  
Miami, Fla. 33144

Luis Jimenez  
8578 SW. 8th Street  
Miami, Fla. 33144

**ARTICLE VI DIRECTOR(S)**

**The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):**

Annette B. Fonseca (Pres)  
8578 SW. 8th Street  
Miami, Fla. 33144

Luis Jimenez (VP)  
8578 SW. 8th Street  
Miami, Fla. 33144

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22nd day of January, ~~19~~2001.**

President/ Annette B. Fonseca.  
Signature

Vice President/ Luis Jimenez.  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

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

Pursuant to the provisions of section 607.0501, 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: International Prothesis & Medical Equipment Inc.

2. The name and address of the registered agent and office is:

Annette B. Fonseca  
(NAME)

8578 SW. 8th Street  
(P.O. BOX NOT ACCEPTABLE)

Miami, Fla. 33144

(CITY/STATE/ZIP)

SIGNATURE

Annette B. Fonseca  
(corporate officer)

TITLE President

DATE January 22, 2001.

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

Annette B. Fonseca

DATE January 22, 2001.

REGISTERED AGENT FILING FEE: \$35.00