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OTTICE USE OHLY (Decoment #) AZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE 300004570933--09/05/01--01067--013 [Aldioss] MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE OHLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (frknown): (Document #) (Corporation Hame) (Decument 1) (Comoration Hama) (Document #) (Corporation Harris) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out ANENUNIUNIS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OHIER FUNGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE SECRETARY OF STATE OF Undersigned Incorporator(s), for the purpose of forming ALLAHASSEE, FLORIDA 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:

Masters Orthopedics, INC

ARTICLE II - PRINCIPAL OFFICE

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

2800 SW 114 AVR Miami, FL 33165

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia Fojo 2800 sw 114 Ave Mauli, FL 33165.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

Patricea Fojo
2000 SW 114 AVE, Niami FL 33145.

The undersigned incorporator has executed these Articles of Incorporation this _____ day of __September 2001_

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ARTICLE VI- DIRECTOR(S)

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

Patricia Fojo 2800 SW 114 Ave Mami, FL 33145. President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature