

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P020000019296**

Medical Technologies Associates  
of Florida

**FILED**

02 FEB 20 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004930431--3  
-02/15/02--01032--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Signature \_\_\_\_\_

Requested by: SW 2/18  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_ 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 W02-4594

\_\_\_\_ UCC 11 Search J. BRYAN FEB 15 2002

\_\_\_\_ UCC 11 Retrieval W02 J. BRYAN FEB 20 2002

\_\_\_\_ Courier \_\_\_\_\_

**RECEIVED**  
02 FEB 15 PM 1:45  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED  
02 FEB 20 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 20, 2002

CAPITAL CONNECTION, INC.

SUBJECT: MEDICAL TECHNOLOGIES, INC.  
Ref. Number: W02000004594

RECEIVED  
02 FEB 20 AM 10:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL TECHNOLOGIES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Joey Bryan  
Document Specialist  
New Filing Section

Letter Number: 302A00010366

*Corrected*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 15, 2002

CAPITAL CONNECTION, INC.

SUBJECT: MEDICAL TECHNOLOGIES ASSOCIATES OF FLORIDA  
Ref. Number: W02000004594

We have received your document for MEDICAL TECHNOLOGIES ASSOCIATES OF FLORIDA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 245-6929.

Joey Bryan  
Document Specialist  
New Filing Section

Letter Number: 602A00009604

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FILED  
02 FEB 20 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 FEB 19 PM 3:23  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL TECHNOLOGIES OF HALLANDALE, INC.**

**FILED**  
02 FEB 20 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the corporation shall be: **MEDICAL TECHNOLOGIES OF HALLANDALE, INC.**

**ARTICLE II**  
**PRINCIPLE OFFICE**

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

**2500 East Hallandale Beach Boulevard  
Hallandale Beach, Florida 33009**

**ARTICLE III**

This corporation shall have perpetual existence.

**ARTICLE IV**

This corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE V**  
**CAPITAL STOCK**

This corporation is authorized to issue 100 shares of One Dollar (\$1.00), par value common stock.

**ARTICLE VI**  
**PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VII**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is:  
**2500 East Hallandale Beach Boulevard, Hallandale, Florida 33009** and the name of  
the initial registered agent of this corporation at the address is: **WILLIAM MEARS.**

**ARTICLE VIII**  
**INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director. The number of directors may be  
either increased or diminished from time to time by the By-Laws, but shall never be less  
than one (1). The name and address of the directors of this corporation are:

**WILLIAM MEARS-PRESIDENT**  
**2500 EAST HALLANDALE BEACH BOULEVARD**  
**HALLANDALE, FLORIDA 33009**

**ARTICLE IX**  
**INCORPORATOR**

The name and address of the Incorporator signing these Articles is:

**WILLIAM MEARS**  
**2500 EAST HALLANDALE BEACH BOULEVARD**  
**HOLLYWOOD, FLORIDA 33009**

**ARTICLE X**  
**INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or  
director, to the full extent permitted by law.

**ARTICLE XI**  
**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in  
these Articles of Incorporation, or any amendment hereto, and any right conferred upon  
the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporation has executed these  
Articles of Incorporation this 14 day of February, 2002.

  
**WILLIAM MEARS**

STATE OF FLORIDA

SS

COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared **WILLIAM MEARS**, who produced personally known, as identification and to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 14 day of February, 2002.

  
NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:



Susan Dempsey  
Commission # CC 756971  
Expires Jun 5, 2002  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**CERTIFICATION 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 **MEDICAL TECHNOLOGIES OF HALLANDALE, INC**
2. The name and address of the registered agent and office is:

**WILLIAM MEARS**  
**2500 East Hallandale Beach Boulevard**  
**Hallandale, Florida 33009**

SIGNATURE: William Mears  
**WILLIAM MEARS, Corporate Officer**

TITLE: President

DATE: 2/14/02

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 William Mears

DATE: 2/14/02

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TALLAHASSEE, FLORIDA