

P0200000 36781

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

ortho specialist of florida inc.

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ARTICLES OF INCORPORATION
OF
ORTHO SPECIALIST OF FLORIDA INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: ORTHO SPECIALIST OF FLORIDA INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 5720 S.W. 47 STREET, MIAMI, FL 33155

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: NANCY S. JOLA
5720 S.W. 47 STREET
MIAMI, FL 33155

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

NANCY S. JOLA
PRESIDENT

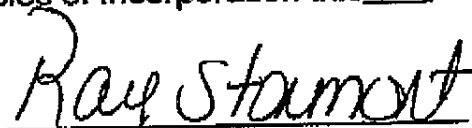
5720 S.W. 47 STREET
MIAMI, FL 33155

ARTICLE VIII

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

Empire Corporate Kit of America, Inc.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 3rd day of APRIL, 2002.

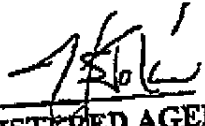


INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

H 02000072842**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE AT THE PALACE DESIGNATED IN THE ARTICLES OF INCORPORATION,
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 ATATUTES RELATING TO THE PROPER
COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS
POSITION AS REGISTERED AGENT.


REGISTERED AGENT

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TALLAHASSEE, FLORIDA