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CONDON'S TOUR MARKET OF THE CONTROL	
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S) (if known):
1. ORTHOCENTER M	EDICAL SUPPLY CORP
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
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Annual Report Fore	ign
Fictitious Name Name Reservation Limit	ed Partnership
	statement
Trad	emark
. Other	Examiner's Initials

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;
ORTHOCENTER MEDICAL SUPPLY CORP

DIVISION OF CORPUSATIONS 03.109 21 AM 9: 33

ARTICLE II PRINCIPAL OFFICE

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

3900 N.W. 79 Ave Suite 472

MIAMI FL 33166

ARTICLE III SHARES

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

500 Shares value of \$ 1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

ROBERTO SABATER 10970 S.W. 43 Terr MIAMI FL 33165 · Zt f. Set

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

ROBERTO SABATER 10970 S.W. 43 Terr MIAMI FL 33165

ARTICLE VI DIRECTOR(S)

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

ROBERTO SABATER 10970 S.W. 43 Terr MIAMI FL 33165

	The undersigned incorporator(s) has incorporation this17 day of			Article , 20 <u>0</u> 2	
×	Rote Soft	RÐBERTO	SABATER 10970	S.W.	43 Terr
	SIGNATURE		MIAMI	\mathtt{FL}	33165
	PRESIDENT, VICEPRESIDENT				
	TREASURER, SECRETARY				
	SIGNATURE				

CERTIFICATE OF DESIGNATON REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 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;		
ORTHOCENTER MEDICAL SUPPLY CORP		_
2 The name and address of the registered agent and office is		
ROBERTO SABATER		
NAME		
10970 S.W. 43 terr	03 JAN 2	NOISIAID
P.O. BOX NOT ACCEPTABLE	2	T Q:
MIAMI FL 33165	AH 9:	THECKA
CITY/STATE/ZIP	<u> </u>	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON 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 TI THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG