

Division of Corporations

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

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

FLORIDA PROFIT CORPORATION OR P.A.

ORTHOPAEDIC ALTERNATIVES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
03 APR -2 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1030010240

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621.F.S. (Profit)

ARTICLE I - Name:
The name of the Corporation shall be:
ORTHOPAEDIC ALTERNATIVES, INC.

ARTICLE II - PRINCIPAL OFFICE
The principal place of business/mailling address is:
One Financial Plaza, Suite 2111
Fort Lauderdale, FL 33394

ARTICLE III - PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES IN THE STATE OF FLORIDA

ARTICLE IV - SHARES
The number of shares of stock is:
100 shares at \$1.00 a share

ARTICLE V - INITIAL OFFICERS/DIRECTORS
The name(s) and address(es):
Bruce Kaminester, President
One Financial Plaza, Suite 2111
Ft. Lauderdale, FL 33394

Mitchel D. Garfinkel, Vice President
One Financial Plaza, Suite 2111
Ft. Lauderdale, FL 33394

Mitchel D. Garfinkel, Secretary
One Financial Plaza, Suite 2111
Ft. Lauderdale, FL 33394

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TALLAHASSEE, FLORIDA

ARTICLE VI - REGISTERED AGENT
The name and the Florida street address of the registered agent is:
Mitchel D. Garfinkel, Esq.
One Financial Plaza, Suite 2111
Ft. Lauderdale, FL 33394

ARTICLE VII - INCORPORATOR
The name and address of the incorporator is:
Mitchel D. Garfinkel
One Financial Plaza, Suite 2111
Ft. Lauderdale, FL 33394

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

4-2-03

Date



Signature/Incorporator

4-2-03

Date

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