



**Brad K. Cohen, M.D.**

P.O. Box 800735  
Aventura, Florida 33280

September 11, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


Re: Aventura Orthopaedics and Sports Medicine, P.A.

Dear Sirs:

I am enclosing with this letter two duplicate originals of the Articles of Incorporation of Aventura Orthopaedics and Sports Medicine, P.A. along with a check for \$78.75 for the filing fee and a certified copy.

Please send the acknowledgement of this filing and one certified copy to me at the address shown above.

Sincerely yours,

  
Brad K. Cohen, M.D.

ARTICLES OF INCORPORATION  
OF  
Aventura Orthopaedics and Sports Medicine, P.A.

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, 621 F.S. hereby adopts the following articles of incorporation.*

ARTICLE I      NAME

The name of the Corporation shall be: Aventura Orthopaedics and Sports Medicine, P.A.

ARTICLE II      PRINCIPAL OFFICE

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

P.O. Box 800735  
Aventura, Florida 33280

ARTICLE III      PURPOSE

The specific purpose for which the corporation is being formed is:

The Professional Practice of Medicine.

ARTICLE IV      SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 500 at No par value per share.

ARTICLE V      INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Brad K. Cohen  
P.O. Box 800735  
Aventura, Florida 33280

ARTICLE VI      REGISTERED AGENT

The name and Florida street address registered agent is:

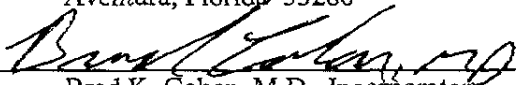
NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301

FILED  
03 SEP 16 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


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

Brad K. Cohen, M.D.  
P.O. Box 800735  
Aventura, Florida 33280

  
Brad K. Cohen, M.D., Incorporator

9/11/03  
Date

*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.*

  
NRAI Services, Inc., Registered Agent

9.4.03  
Date

FILED  
03 SEP 16 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA