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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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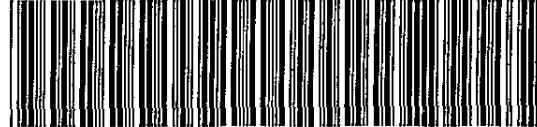
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 AM 7:24

2-7-04

TRANSMITTAL LETTER

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

SUBJECT: WORLD MEDICAL, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: C. Wells Hall III

Name (Printed or typed)

Mayer Brown Rowe & Maw, 214 N. Tryon Street, Suite 380

Address

Charlotte, NC 28202

City, State & Zip

(704) 444-3523

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
WORLD MEDICAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 30 AM 7:24

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FIRST: The name of the corporation is: **World Medical, Inc.**

SECOND: The street address of the initial principal office, and if different, the mailing address of the corporation is: 5420 Lyons Road, Suite 105, Coconut Creek, Florida 33073.

THIRD: The number of shares the corporation is authorized to issue is: 1,000

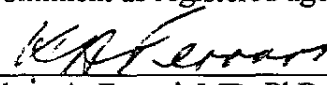
FOURTH: The street address of the initial registered office of the corporation is 5420 Lyons Road, Suite 105, Coconut Creek, Florida 33073, and the name of its initial registered agent at such address is Herbert A. Ferrari, MD, PhD, JD.

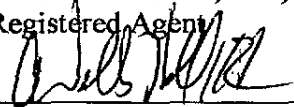
FIFTH: The name and address of the person who is to serve as initial director is: Herbert A. Ferrari, MD, PhD, JD.

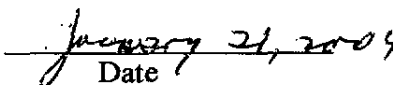
SIXTH: The name and address of each incorporator is: C. Wells Hall III, Mayer Brown Rowe & Maw, LLP, 214 North Tryon Street, Charlotte, North Carolina 28202.

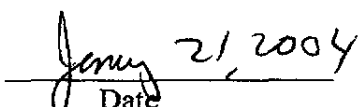
SEVENTH: Any other provision required or permitted by law is:

Having been named as registered agent 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.


Herbert A. Ferrari, MD, PhD, JD
Registered Agent


C. Wells Hall III, Incorporator


Date


Date