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

FLORIDA PROFIT CORPORATION OR P.A.

the rock orthopedic center, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS
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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:

The Rock Orthopedic Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12990 SW 27th Street Miramar FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joann Guerrero 12990 SW 27th Street Miramar FL 33027 President

Ethan Guerrero 12990 SW 27th Street Miramar FL 33027 Treasura

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Joann Guerrero 12990 SW 27th Street Miramar FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joann Guerrero 12990 SW 27th Street Miramar FL 33027

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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

Joann Guerrero

Signature/Registered Agent

06/08/2004

Date

Joann Guerrero

Signature/Incorporator

06/08/2004

Date

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