P04000107863

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Ďc	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	Office Use Or	lly



02/21/04--01010--016 **78,75

FILED 04 JUL 21 PH 2: 36 SECREDARY OF STATE FALLARY SKEE, FLORID

- Plan 7-21-0V

TRANSMITTAL LETTER

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

SUBJECT: Advanced Spine Solutions, 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 \$78.75Filing Fee& Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Teri Peterson

Name (Printed or typed)

201 Maryland Drive

Address

Lake Worth, FL. 33460

City, State & Zip

(561) 640-8000

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

.1

The name of the corporation shall be:

Advanced Spine Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 201 Maryland Drive Lake Worth, FL. 33460

ARTICLE III ___ PURPOSE

The purpose for which the corporation is organized is: Surgical Sales

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): Teri Peterson/President,Vice President, Treasurer, Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John M. Koenig, Jr., Esq. c/o Adorno & Yoss, P.A. 1551 Forum Place, Bidg. 200 West Palm Beach, FL. 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John M. Koenig**#**,Jr. c/o Adorno & Yoss, P.A. 1551 Forum Place, Bldg. 200 West Palm Beach. FL. 33401

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

Signature/Registered

Signature

7/13/04

Date

7/13/04

Date

FILED 04 JUL 21 PM 2: 36 SECRETARY OF STATE TAI LAHASSEE, FLORIDA