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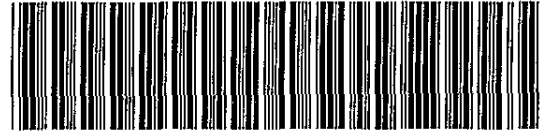
(Business Entity Name)

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05 JUN - 1 AM 10:49
TALLAHASSEE, FLORIDA

FILED

6/2/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Revival Orthopaedics, 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: MARK W. BRIDGES, MD
Name (Printed or typed)

1190 NW 95th St, Suite 404
Address

Miami, FL 33150
City, State & Zip

305-694-9400
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
REVIVAL ORTHOPAEDICS, INC.**

FILED

05 JUN -1 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Chapter 607, Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE I- NAME

The name of the Corporation shall be: **REVIVAL ORTHOPAEDICS, INC.**

ARTICLE II-PRINCIPAL OFFICE

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

**1190 N.W. 95th Street, Suite 404
Miami, Florida 33150**

ARTICLE III-PURPOSE(S)

The corporation will engage in the practice of medicine and health services, including any other activity or business permitted under the laws of the State of Florida and of the United States of America.

ARTICLE IV-SHARES

The maximum number of shares of stock that this corporation is authorized to issue and to have outstanding at any one time is ONE HUNDRED (100) shares of common capital stock. The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the By-Laws or written agreement among the stockholders which shall be on file in the office of the corporation.

ARTICLE V-TERM OF EXISTENCE

This corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI-INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Mark W. Bridges, M.D.
1190 N.W. 95th Street, Suite 404
Miami, Florida 33150**

ARTICLE VII-INCORPORATOR(S)

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

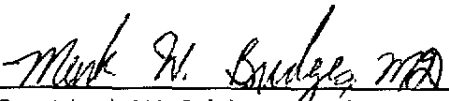
**Mark W. Bridges, M.D.
1190 N.W. 95th Street, Suite 404
Miami, Florida 33150**

ARTICLE VII-DIRECTORS

This corporation shall have not less than one (1) director, initially. The number of directors may be increased or diminished from time to time, in accordance with the Bylaws or by the stockholders, but shall never be less than one (1). The name and street address of the members of the first board of directors are:

Mark Bridges, M.D.	President	1190 N.W. 95th Street, Suite 404 Miami, Florida 33150
Richard Henrys, M.D.	Vice-President	1190 N.W. 95th Street, Suite 404 Miami, Florida 33150

The undersigned incorporator has executed these Articles of Incorporation this _____ day of May, 2005.


By: Mark W. Bridges, M.D.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: **REVIVAL ORTHOPEDICS, INC.**
2. The name and address of the registered agent and office is:

**Mark W. Bridges, M.D.
1190 N.W. 95th Street, Suite 404
Miami, Florida 33150**

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.

Mark W. Bridges, M.D.
By: Mark Bridges, M.D.

5/26/05
(Date)