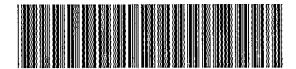
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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## ARTICLES OF INCORPORATION

### **OF**

# Fucci Orthopedics, Inc.

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

#### **ARTICLE I: NAME**

The name of the corporation is Fucci Orthopedics, Inc.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3327 Jadewood Circle, Tarpon Springs, FL 34688

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Joseph Fucci, 3327 Jadewood Circle, Tarpon Springs, FL 34688

#### ARTICLE V: OFFICER AND DIRECTOR

The name and address of the initial Officer and Director is:

Joseph Fucci, P/VP/S/T/D, 3327 Jadewood Circle, Tarpon Springs, FL 34688

#### ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

#### ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 7<sup>th</sup> day of December 2005. Your Capital Connection, Inc. by Weimar Lopez, Client Representative

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

•	i office/registered agent, in the state of Florida.
1. The name	of the corporation is:
	FUCCI Orthopedics, Inc.
2. The name	and street address of the registered agent and office is: Joseph Fucci
. 33	27 Jadewood Circle, Tarpon Springs, FL 34688
	•
AND AGRE	IFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT LE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE NS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE