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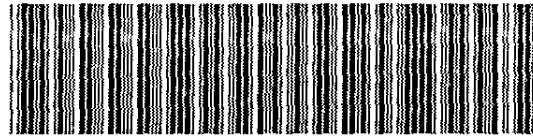
(Business Entity Name)

(Document Number)

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SECRET
OFFICE OF THE
ATTORNEY GENERAL
PHILADELPHIA

B. McKnight AUG 02 2006

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

Subject: WOODEN BONE ORTHOPEDICS, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$70.00.

Please forward a certified copy to the address listed below.

From: MICHAEL ZEHNDER
1722 MEREDITH LANE
BELLEAIR, FLORIDA 33756

ARTICLES OF INCORPORATION
OF
WOODEN BONE ORTHOPEDICS, INC.

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

ARTICLE I: NAME

The name of the corporation shall be:

WOODEN BONE ORTHOPEDICS, INC.

ARTICLE II: PRINCIPAL OFFICE

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

1722 MEREDITH LANE
BELLEAIR, FLORIDA 33756

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at \$ 1.00 dollar par value

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MICHAEL ZEHNDER
1722 MEREDITH LANE
BELLEAIR, FLORIDA 33756

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DIVISION OF CORPORATION

ARTICLE V: INCORPORATOR (S)

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

MICHAEL ZEHNDER
1722 MEREDITH LANE
BELLEAIR, FLORIDA 33756

The undersigned has executed these Articles of Incorporation this 15th day of
August 2006.



MICHAEL ZEHNDER

CERTIFICATE OF DESIGNATION
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:

WOODEN BONE ORTHOPEDICS, INC.


2. The name and address of registered agent and officer is:

MICHAEL ZEHNDER
1722 MEREDITH LANE
BELLEAIR, FLORIDA 33756

Signature

Title

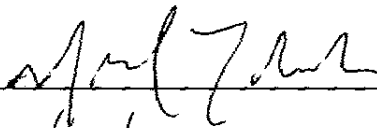
Date


PRESIDENT
7/28/06

HAVING BEEN NAMED AS REGISTERD 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.

Signature

Date


7/28/06

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SECRETARY OF STATE
DIVISION OF CORPORATION