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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Spinal Medical Systems P.A.

Certificate of Status	1
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C.F. 8-11

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Spinal Medical Systems P.A.

ARTICLE II PRINCIPAL OFFICE

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

**Spinal Medical Systems P.A.
4270 Aloma Avenue, Suite 162
Winter Park, FL 32792**

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1,500 SHARES at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: **Medical**

Prepared By:

**Bruce B. Hubbard
7 East John St.
Licksville, New York 11801
516-935-3940**

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Jeffrey Wechsler
4270 Aloma Avenue, Suite 162
Winter Park, FL 32792**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Jeffrey Wechsler - President/Director
4270 Aloma Avenue, Suite 162
Winter Park, FL 32792**

ARTICLES VII INCORPORATOR(S)

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

**Jeffrey Wechsler
4270 Aloma Avenue, Suite 162
Winter Park, FL 32792**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of August 2006.


Jeffrey Wechsler
SIGNATURE

**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 THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Spinal Medical Systems P.A.**

2. The name and address of the registered agent and office is:

Jeffrey Wechsler

Name

4270 Aloma Avenue, Suite 162


(P.O. Box or Mail Drop Box NOT Acceptable)

Winter Park, FL 32792

(City / State / Zip)

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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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Jeffrey Wechsler
SIGNATURE

August 10, 2006
(Date)