

OCT. 18. 2007. 1:07 PM

CAPITAL CONNECTION

NO. 2047

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 18 PM 4:36

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FLORIDA PROFIT/NON PROFIT CORPORATION

ORTHO MOTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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CAPITAL CONNECTIONS

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Flor: NO. 2047 pt P. 2 State



October 3, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR CAPITAL CONNECTION

SUBJECT: ORTHO MOTION, INC.
REF: WD7000048939

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000011440.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H07000244565
Letter Number: 207A00057803

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ARTICLES OF INCORPORATION

OF

ORTHO MOTION MEDICAL, INC.

ARTICLE I: Name

The name of this corporation is:

ORTHO MOTION MEDICAL, INC.

ARTICLE II: Principal Office

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

1636 First Avenue North
St. Petersburg, FL 33713

ARTICLE III: Purpose

The corporation is organized for the purpose of sales of orthopedic prostheses.

ARTICLE IV: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE V: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

John N. Bowman
1636 First Avenue North
St. Petersburg, FL 33713

ARTICLE VI: Incorporator

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

John N. Bowman
1636 First Avenue North
St. Petersburg, FL 33713

The undersigned incorporator has executed these Articles of Incorporation this 18th day of October, 2007.

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(Signature)

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TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION

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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:

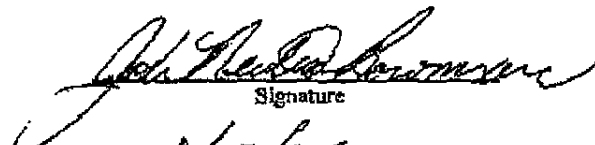
ORTHO MOTION MEDICAL, INC.

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

John N. Bowman
1636 First Avenue North
St. Petersburg, FL 33713

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TALLAHASSEE, FLORIDA

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.


Signature
10/18/07
Date

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