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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

FLORIDA PROFIT/NON PROFIT CORPORATION

ORTHOPEDIC SURGERY & CARTILAGE RESTORATION, INC.

Generation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Orthopedic Surgery & Cartilage Regeneration, Inc.

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 **Orthopedic Surgery & Cartilage Regeneration, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is **1790 San Souci Blvd., North Miami, FL 33181.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of \$1.00.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Melvyn Trute, 1090 Kane Concourse, Suite 202, Bay Harbor Islands, FL 33154.

ARTICLE V: 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.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial director is Susan L. Dunn, 1790 San Souci Blvd., North Miami, FL 33181.

ARTICLE VI: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 9th day of November 2007.
Your Capital Connection, Inc., by Leilani White, Client Representative

Leilani White

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Orthopaedic Surgery & Cartilage
Regeneration, Inc.

2. The name and street address of the registered agent and office is: Melvyn Trute
1090 Kane Concourse, Suite 202
Bay Harbor Islands, FL 33154

HAVE 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.


MELVYN TRUTE

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