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|       | Account Name             | : | LAZARUS  | CORPORATE | FILING | SERVICE, | INC. | S<br>M<br>M<br>M<br>M<br>M  | -,·;     |
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|       | Phone                    | : | (305)552 |           |        |          |      | $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i$ | ñ,S      |
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### FLORIDA PROFIT/NON PROFIT CORPORATION IM ORTHOPEDICS & GENERAL MEDICINE INC

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#### 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:

IM

### ARTICLE II - PRINCIPAL OFFICE

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

| 8150 | SW | 8 ST. | Suite | 205 |
|------|----|-------|-------|-----|
|      |    | FL    | 3314  |     |

ORTHOPEDICS & GENERAL MEDICINE INC

#### ARTICLE III – SHARES

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

## 100

#### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria G. Lafont 17976 Key Lime Blvd. Loxahatchee, FI 33470

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## <u>ARTICLE V – INCORPORATOR</u>

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

CARLOS ROIG MD MARIA G. LAFONT 8150 SW 8ST SUITE 205 MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this 29 day of MAY 20 12.

#### ARTICLE VI- DIRECTOR (S)

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

MARIA & LAFONT - VP CARLOS RIDIG MO - PRESIDENT

#### <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT</u> /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Aide

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