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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA ORTHOPAEDIC INSTITUTE, INC**

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April 5, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FLORIDA ORTHOPAEDIC INSTITUTE, INC
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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.

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Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000087713
Letter Number: 012A00011095

P.O BOX 6327 - Tallahassee, Florida 32314

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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:

Florida Orthopaedic NETWORK, Inc

ARTICLE II - PRINCIPAL OFFICE

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

9000 SW 87 ct
Suite 209
miami, FL 33174

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:

Susana Pereda
9000 SW 87 ct
Suite 209
miami, FL 33174

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

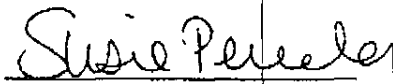
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ARTICLE V - INCORPORATOR

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

Susana Pereda
9000 SW 87 ct
suite 209
miami, FL 33176The undersigned incorporator has executed these Articles of Incorporation this
_____ day of _____ 20_____.

Signature

ARTICLE VI- DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Susana Pereda (P)

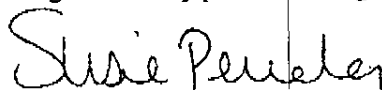
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**/REGISTERED OFFICE**

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 Agent Signature

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