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Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
THE ADVANCED SPINE & JOINT INSTITUTE, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

SECRETARY OF STATE
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The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

THE ADVANCED SPINE & JOINT INSTITUTE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation shall be:

10233 OKEECHOBEE BLVD, #B-6
WEST PALM BEACH, FL 33511

ARTICLE IV

The aggregate number of shares which this corporation shall have authority issue is 1000 shares common stock having \$1.00 individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

DEAN W. MAMMALES
2754 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33441

ARTICLE VI

The name and address of the board of Directors shall be:

P
DEAN W. MAMMALES
2754 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33441

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ARTICLE VII

The name and address of the incorporator(s) to these Article of Incorporation Shall Be:

DEAN W. MAMMALES
2754 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33441

The undersigned has executed these Articles of Incorporation this 1ST Day of FEBRUARY, 2013.


INCORPORATOR

413000025585

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

THE ADVANCED SPINE & JOINT INSTITUTE, INC.

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the articles of Incorporation, I hereby accept the appointment as Registered Agent and agree 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

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