CAPITAL CONNECTION, INC. 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222 Solico: Top Priority Regular Two Day Service Holurn via . Matter No.; . _ Express Mall No. -JAN 1 3 1995 BSB

CONFIRMED

APPROVED

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION 95 JAN 13 ANT 15

OF

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 CARTILAGE REGENERATION, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1790 Sans 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 five hundred (500) shares having a par value of one dollar (\$1.00) per share.

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 Island, FL 33154.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Director: of the corporation is Allan R. Dunn, 1790 Sans Souci Blvd., North Miami, FL 33181.

The undersigned has executed these Articles of Incorporation this 13th day of January, 1995.

Capital Connection, Inc.

Barbara Neeley - President

Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED	
95 JAH 13 AH II: 1	5
SECRETARY OF STATE	

Fursuant 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: CARTILAGE	
REGENERATION, Inc	
2. The name and street address of the registered agent and office is: $\frac{1}{2}$	
1090 KANE CONOCIPSE, Sinte	202
Bay HARBOR SL., FL. 33154	

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.

Melin Trule