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(((H95000008157))) PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: TRIPP, SCOTT, CONKLIN & SMITH
P.O. BOX 14245
FT. LAUDERDALE FL 33302-0000
CONTACT: SANDRA TOMLIN
PHONE: (305) 525-7500
FAX: (305) 761-8475

(((H95000008157))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.
FAX AUDIT NUMBER: H95000008157
CURRENT STATUS: REQUESTED
DATE REQUESTED: 07/25/1995
TIME REQUESTED: 09:56:20
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95 JUL 25 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
95 JUL 25 AM 11:04
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.

The Incorporator named herein does hereby subscribe to and file these Articles of Incorporation for the purpose of organizing a corporation under the Florida Business Corporation Act.

ARTICLE I
NAME

The name of this Corporation is:

NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.

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TALLAHASSEE FLORIDA

ARTICLE II
PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE III
CAPITAL STOCK

This Corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of One Dollar ($1.00) par value common stock.

ARTICLE IV
PRINCIPAL OFFICE/MAILING ADDRESS OF CORPORATION

The principal office and mailing address of this corporation is:

2300 S.E. 17th Street, Suite 301
Ocala, Florida 34471

Prepared by: Gregory A. McLaughlin, Esq.
Bar No. 518794
Tripp, Scott, Conklin & Smith
P.O. Box 14245
Ft. Lauderdale, FL 33302
(305)525-7500

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The initial registered agent and the street address of the initial registered office of this Corporation in the State of Florida is:

Gary A. Thurston
1821 S.E. 34th Lane
Ocala, Florida 34471

ARTICLE VI
PRE-EMPTIVE RIGHTS

Each shareholder of the Corporation shall have full pre-emptive rights to acquire proportional amounts of the Corporation's unissued shares upon the decision of the Board of Directors to issue shares.

ARTICLE VII
INCORPORATOR

The name and street address of the Incorporator is:

Gregory A. McLaughlin
c/o Tripp, Scott, Conklin & Smith
110 S.E. Sixth Street, 28th Floor
Ft. Lauderdale, FL 33301

ARTICLE VIII
INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) Directors initially. The number of Directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than one (1). The names and addresses of the initial Directors of this corporation are:

Name	Address
Frank Vero	2300 S.E. 17th Street, Suite 301 Ocala, FL 34471
Gary A. Thurston	1821 S.E. 34th Lane Ocala, FL 34471
Jim Duke	1821 S.E. 35th Lane Ocala, FL 34471

ARTICLE IX
INDEMNIFICATION

The corporation shall indemnify any officer or Director, or any former officer or Director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned Incorporator and Registered Agent have executed these Articles of Incorporation this 24 day of July, 1995.

GREGORY A. McLAUGHLIN, Incorporator

THE UNDERSIGNED, named as the registered agent in Article V of these Articles of Incorporation, hereby accepts the appointment as such registered agent, agrees to act in this capacity, and acknowledges that he/she is familiar with, and accepts the obligations imposed upon registered agents under the Florida Business Corporation Act, including specifically Section 607.0505.

GARY A. THURSTON, Registered Agent

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95 JUL 25 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -5 AM 9:06

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DOCUMENT # P95000057388

1. Corporation Name

NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.

Principal Place of Business
2300 SE 17 ST
SUITE 301
OCALA FL 34471

Mailing Address
2300 SE 17 ST
SUITE 301
OCALA FL 34471

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
600 N.W. 25th St.
Suite, Apt. #, etc.
Suite B
City & State
Gainesville FL
Zip 32607
Country USA

3. New Mailing Office Address, If Applicable
600 N.W. 25th St.
Suite, Apt. #, etc.
Suite B
City & State
Gainesville FL
Zip 32607
Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/25/1995

5. FEI Number 593333686
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	VERO, FRANK	2300 SE 17 ST SUITE 301	OCALA FL 34471
D	THURSTON, GARY A	1821 SE 34 LN	OCALA FL 34471
D	DUKE, JIM	1821 SE 34 LN	OCALA FL 34471

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****375.00 ****375.00

8. Name and Address of Current Registered Agent
THURSTON, GARY A
1821 SE 34 LN
OCALA FL 34471

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] V.P.
REGISTERED AGENT MUST SIGN

Date 8.22.96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] V.P. 8-22-96 352-331-7876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary A. Thurston

CREEO40 (7/96)