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**P95000057388**

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TO: DIVISION OF CORPORATIONS FROM: TRIPP, SCOTT, CONKLIN & SMITH

DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
33302-0000  
TALLAHASSEE, FL 32399  
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CONTACT: SANDRA TOMLIN  
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.  
FAX AUDIT NUMBER: H95000008157  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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.**

**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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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

\*\*\*\*\*

35 JUL 25 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
H95000008157

FILED

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

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DOCUMENT # **P95000057388**

1 Corporation Name  
**NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.**

Principal Place of Business Mailing Address  
2300 SE 17 ST SUITE 301 OCALA FL 34471  
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  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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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
			700002002177--3 -11/13/96--01030--020 ****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]* Date **2-22-96**  
REGISTERED AGENT MUST SIGN

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)(l), 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]* Date **2-22-96** Daytime Phone # **352-331-7976**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Gary A Thurston*

CR2040 (7/96)