

LAW OFFICE OF  
**JOSE R. PUJOLS**  
SUITE 401  
CITY NATIONAL BANK BUILDING  
2701 SOUTHWEST LEJEUNE ROAD  
CORAL GABLES, FLORIDA 33134

July 24, 1995

JOSE R. PUJOLS

Secretary of State  
State of Florida  
Corporate Records Bureau  
409 East Gains Street  
Tallahassee, FL 32314

TELEPHONE (305) 689-9533  
TELECOPIER (305) 447-0408

500001548755  
-07/28/95--01056--009  
+++122.50 +++122.50

Re: Articles of Incorporation for SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS  
CENTER, INC.

Dear Sir/Madam:

Enclosed is the original Articles of Incorporation of SOUTH FLORIDA ARTHRITIS AND  
OSTEOPOROSIS CENTER, INC., for filing by the Secretary of State. Also enclosed is a check  
for \$122.50 as payment for the following:

- |                                 |                 |
|---------------------------------|-----------------|
| 1. Filing Fee                   | \$35.00         |
| 2. Registered Agent Designation | \$35.00         |
| 3. Certified Copy of Articles   | \$52.50         |
|                                 | <b>\$122.50</b> |

Please return a certified copy of the Articles of Incorporation for the above entity to me as soon  
as it has been filed.

Thank you for your assistance in this matter.

Very truly yours,

Jose R. Pujols

Enclosures

CLB28  
CLB12  
CLB7

7/28/95  
CLB5-15281

LAW OFFICE OF  
**JOSE R. PUJOLS**  
SUITE 401  
CITY NATIONAL BANK BUILDING  
2701 SOUTHWEST LEJEUNE ROAD  
CORAL GABLES, FLORIDA 33134

JOSE R. PUJOLS

August 7, 1995

TELEPHONE (305) 569-9533  
TELECOPIER (305) 447-0406

Ms. Terri Buckley  
Corporate Specialist  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS CENTER, INC.**  
**Number: W95000015281**

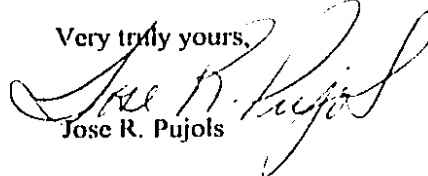
Dear Ms. Buckley:

Enclosed you shall find the original articles of incorporation for the above referenced entity. In accordance with our conversation on Thursday, August 3, 1995, you shall note that the articles are consistent throughout the document.

In the articles you shall note two (2) addresses, one address is the principal office and the other is the registered office. These addresses are consistent throughout the articles and the registered agent designation. Please file these articles as soon as possible and return a copy to me at the above referenced address.

Thanking you in advance for your assistance in this matter.

Very truly yours,

  
Jose R. Pujols

JRP/rg



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 31, 1995

JOSE F. PUJOLS  
2701 SW LEJEUNE ROAD STE 401  
CITY NATIONAL BANK BLDG.  
CORAL GABLES, FL 33134

SUBJECT: SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS CENTER,  
INC.  
Ref. Number: W95000015281

We have received your document for SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS CENTER, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 295A00036019

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTH FLORIDA ARTHRITIS AND**  
**OSTEOPOROSIS CENTER, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

**ARTICLE ONE**  
**NAME**

The name of the corporation is **SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS CENTER, INC.**

**ARTICLE TWO**  
**CORPORATE DURATION**

The duration of the corporation is to be perpetual.

**ARTICLE THREE**  
**PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE FOUR**  
**CAPITALIZATION**

The aggregate number of shares which the corporation is authorized to issue is 10,000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

**ARTICLE FIVE**  
**PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 1200 Ponce De Leon Boulevard, Coral Gables, Florida 33134

**ARTICLE SIX**  
**REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 2701 S.W. LeJeune

Road, Suite 401, Coral Gables, Florida 33134 and the name of its initial registered agent, is Jose R. Pujols, Esq.

#### **ARTICLE SEVEN DIRECTORS**

The number of directors constituting the initial board of directors of the corporation shall be not less than One (1). The name and address of each person who is to serve as a member of the initial board of directors is:

<u>Name</u>	<u>Address</u>
Wilfred Braccas	1200 Ponce De Leon Boulevard Coral Gables, Florida 33134

#### **ARTICLE EIGHT INCORPORATORS**

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Jose R. Pujols	2701 S.W. LeJeune Road, Suite 401 Coral Gables, Florida 33134

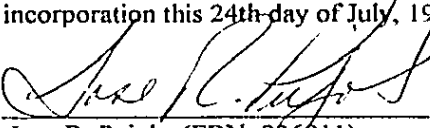
#### **ARTICLE NINE INDEMNIFICATION**

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

#### **ARTICLE TEN AMENDMENTS**

These articles of incorporation may be amended in the manner authorized by at the time of amendment.

**IN WITNESS WHERETO**, I, Jose R. Pujols, being the incorporator of this corporation, make and file these articles of incorporation this 24th day of July, 1995.

  
\_\_\_\_\_  
Jose R. Pujols, (FBN: 936911)

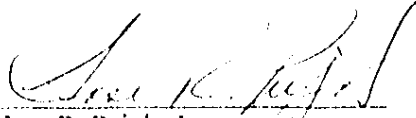
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

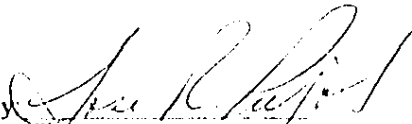
THAT SOUTH FLORIDA ARTHRITIS AND OSTEOPOROSIS CENTER, INC.,  
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,  
WITH ITS PRINCIPAL PLACE OF BUSINESS AT:

**1200 PONCE DE LEON BLVD.  
CORAL GABLES, FLORIDA 33134**

HAS NAMED JOSE R. PUJOLS, LOCATED AT 2701 S.W. LEJEUNE ROAD, SUITE 401,  
CORAL GABLES, FLORIDA, 33134, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS  
WITHIN FLORIDA.

  
\_\_\_\_\_  
Jose R. Pujols, Incorporator

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE  
TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES.

By   
\_\_\_\_\_  
Jose R. Pujols