

P95000069536

ARTHUR C. NEIWIRTH, ESQ.
P.O. BOX 1211
FT. LAUDERDALE, FL 33302-1211
(305) 524-2606

September 5, 1995

FEDERAL EXPRESS

Corporate Records Bureau
Division of Corporations
Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of Articles of Incorporation of Weston Orthopaedic & Podiatric Sports, Surgery, and Rehabilitation Center, Inc.

Gentlemen:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above referenced entity, acceptance of the Registered Agent and a self-addressed, stamped envelope for the return of a Certified Copy.

I am also enclosing my check in the amount of One Hundred Twenty-Two and 50/100 (\$122.50) Dollars representing the costs as follows:

Filing Fee	\$ 35.00
Registered Agent,	
Designation and Acceptance	35.00
Certified Copy	52.50

TOTAL	\$122.50

600001578906
-09/06/95--01088--002
****122.50 ****122.50

Very truly yours,


ARTHUR C. NEIWIRTH

ACN:bee
Enclosure

10/07
9-11-95

ARTICLES OF INCORPORATION
OF
WESTON ORTHOPAEDIC & PODIATRIC SPORTS, SURGERY,
AND REHABILITATION CENTER, INC.

FILED
93 SEP -6 11 31 23
HALL COUNTY CLERK
GAINESVILLE, FLORIDA

The undersigned incorporator does hereby make and acknowledge these Articles of Incorporation for the purpose of forming a corporation under Florida Statutes Chapter 607 (1990) known as the Florida Business Corporation Act, and as subsequently may be amended.

ARTICLE I

Name and Address of Corporation

The name of this corporation shall be WESTON ORTHOPAEDIC & PODIATRIC SPORTS, SURGERY, AND REHABILITATION CENTER, INC. and its initial address shall be 1600 Town Center Blvd., Weston, Florida.

ARTICLE II

Commencement and Length of Corporation

The corporation shall commence its corporate existence at the time of filing of the Articles of Incorporation with the Secretary of State and shall be perpetual.

ARTICLE III

Purpose of Corporation

The corporation shall primarily be engaged in the providing of orthopedic and podiatric services, rehablility, and therapy and any other lawful purpose in which corporations may engage under Fla. Stat. Chapter 607 (1990) and as subsequently may be amended.

ARTICLE IV

Authorized Number of Shares

The corporation is authorized to issue a total of one thousand (1000) shares of common stock with a \$1.00 par value per share and the consideration for a minimum of 100 shares must be received by the corporation in order to commence business.

ARTICLE V

Initial Registered Office and Registered Agent

The street address of the initial registered office of this corporation is 1600 Town Center Blvd., Weston, Florida, and the initial registered agent of this corporation at that address is Alfred A. DeSimone.

ARTICLE VI

Board of Directors

The Board of Directors of this corporation shall consist of not less than one director nor more than five directors.

ARTICLE VII

Initial Board of Directors

One director shall constitute the initial Board of Directors; and the names and addresses of the initial members of the Board of Directors are:

Alfred A. DeSimone, M.D., 1600 Town Center Blvd., Weston, Florida
Robert Sheinberg, D.P.M., 1600 Town Center Blvd., Weston, Florida

ARTICLE VIII

Initial Officers

The names and addresses of the initial officers of the corporation are:

Vice-President/Secretary - Alfred A. DeSimone, M.D., 1600 Town Center Blvd., Weston, Florida

President/Treasurer - Robert Sheinberg, D.P.M., 1600 Town Center Blvd., Weston, Florida

ARTICLE IX

Name and Address of Incorporator

The name and street address of the person signing these Articles of Incorporation is:

Alfred A. DeSimone, M.D., 1600 Town Center Blvd., Weston, Florida

ARTICLE X

Powers

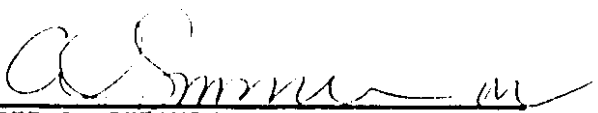
This corporation shall have all the powers to transact business granted under Chapter 607 (1990) of the Florida Statutes.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal this 28 day of August, 1995.


ALFRED A. DESIMONE

The undersigned, named as the registered agent in Article VIII of these Articles of Incorporation, hereby accepts the appointment as such registered agent, and acknowledges that she is familiar with, and accepts the obligations imposed upon registered agents


under the Florida General Corporation Act, specifically Florida
Statutes Section 607.0501 .


ALFRED A. DESIMONE, M.D.

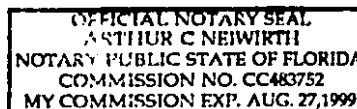
STATE OF FLORIDA)
)SS.:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day before me, an officer duly
authorized in the State and County aforesaid, to take
acknowledgments, personally appeared Alfred A. DeSimone, M.D., who
is personally known to me or has produced _____
as identification and who executed the foregoing instrument and who
has taken an oath.

28th WITNESS my hand and official seal in the County and State this
day of August, 1995.


Print Name: _____
Notary Public
State of Florida at Large
My Commission number is:

My Commission Expires:



FILED
95 SEP -6 AM 8:23
SEP 11 1995
TALLAHASSEE, FLORIDA

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2/25/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

9:40 AM

((H97000003244 5))

TO: DIVISION OF CORPORATIONS

FAX #: (904) 922-4000

FROM: GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & D
CONTACT: CINDY WILKINSON
PHONE: (954) 491-1120

ACCT#: 076064003722

FAX #: (954) 771-9264

NAME: WESTON ORTHOPEDIC & PODIATRIC SPORTS, SURGE

AUDIT NUMBER.....H97000003244

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES..... 2

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED
97 FEB 25 PM 1:55
SECTION 6
TALLAHASSEE, FLORIDA

444-1

97 FEB 25 PM 9:55

The document was executed.

February 25, 1997

WESTON ORTHOPAEDIC & PODIATRIC SPORTS, SURGERY, AND REH
1600 TOWN CENTER BOULEVARD
SUITE C
FT. LAUDERDALE, FL 33326-3641

SUBJECT: WESTON ORTHOPAEDIC & PODIATRIC SPORTS, SURGERY, AND
REHABILITATION CENTER, INC.
REF: P95000069536

We received your electronically transmitted document. However,
the document has not been filed. Please make the following
corrections and refax the complete document, including the
electronic filing cover sheet.

Please give the date that the document was executed.

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) 487-6902.

Linda Stitt
Corporate Specialist

FAX Aud. #: H97000003244
Letter Number: 697A00009810

**CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION OF
WESTON ORTHOPAEDIC & PODIATRIC SPORTS, SURGERY, AND
REHABILITATION CENTER, INC.**

The undersigned President of Weston Orthopaedic & Podiatric Sports, Surgery, and Rehabilitation Center, Inc., a corporation organized under the laws of the State of Florida, hereby certifies as follows:

1. The original name of the corporation as it appears on the Certificate of Incorporation filed with the Secretary of the State of Florida September 6, 1995 was Weston Orthopaedic & Podiatric Sports, Surgery, and Rehabilitation Center, Inc.
2. That at a special meeting of the Board of Directors of the corporation which took place on the 20th day of February, 1997, the Board of Directors unanimously resolved that the Amendment to the Certificate of Incorporation as contained herein be presented to the Stockholders of the corporation for their action.
3. That at a special meeting of the Stockholders of said corporation held on the 20th day of February, 1997, the Stockholders of the corporation unanimously approved the proposed Amendment to the Certificate of Incorporation contained herein.
4. The recommended Resolution of the Board of Directors, the same being the Amendment unanimously approved by the Stockholders of said corporation, is as follows:

Arthur C. Ndiwirth, Esq.
Greenspoon, Marder et al.
100 West Cypress Creek Rd., Ste. 700
Ft. Lauderdale, FL 33309
(954) 491-1120
Fla. Bar #289061

FILED
97 FEB 25 PM 1:55
STATE OF FLORIDA
TALLAHASSEE

FEB. 25. 1997 12:40PM

GREENSPOON HARDER

Audit Number: H97000003244

RESOLVED, that the corporation's name, Weston Orthopaedic & Podiatric Sports, Surgery, and Rehabilitation Center, Inc., be changed to South Florida Institute of Sports Medicine, Inc. and that said name be used by the corporation as its corporate name, subsequent to its filing in the office of the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the corporation has caused this Certificate to be signed and executed by Robert Sheinberg, D.P.M., as President, this 24th day of February, 1997.

South Florida Institute of Sports Medicine, Inc.

By: 
Robert Sheinberg, D.P.M., President

P9 5000070620

Requestor's Name

Bahia Port Miami Inc.
6520 Collins Ave
Miami Beach, FL 33141

Office Use Only

NT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

97 FEB 28 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300002100989--0
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*****35.00 *****35.00

PAch
CRG
3-4

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Barbier Sport Miami Inc.

2. The mailing address of the corporation is: 6650 Collins Ave
Miami Beach, FL. 33141

3. Date of incorporation/qualification: 9/13/1995 Document number: P95000070620

4. The name and address of the current registered agent and office:

Capital Connection, Inc.
411 E. Virginia St.
Tallahassee, FL 32301

FILED
97 FEB 28 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Adelino Dos Santos
5880 Collins Ave # 703 or 6650 Collins Ave
Miami Beach FL. 33140 Miami Beach, FL 33141

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Ana Brazao 2/24/1997
(Signature of an officer, chairman or vice chairman of the board) (Date)

Ana Brazao
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

2/24/1997
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)