

P96000005772
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000001680470
-01/17/96--01037--014
****122.50 ****122.50

SUBJECT: CARIBBEAN ORTHOPAEDIC ASSOCIATES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Paul Henrys, M.D.
Name (Printed or typed)
1190 N.W. 95th Street, Suite 405
Address
Miami, Florida 33150
City, State & Zip
(305) 693-5029
Daytime Telephone number

FILED
96 JAN 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

GB 1/19/96

FILED

96 JAN 17 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION
OF
CARIBBEAN ORTHOPAEDIC ASSOCIATES, 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 shall be: **CARIBBEAN ORTHOPAEDIC ASSOCIATES, INC.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1190 N.W. 95th Street, Suite 405, Miami, Florida 33150.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at anyone time is (100) one hundred shares common capital stock.

**ARTICLE IV - INITIAL REGISTERED AGENT,
BOARD OF DIRECTORS, AND MEMBERS**

The name and street address of the initial registered agent is Paul Henrys, M.D., 1190 N.W. 95th Street, Suite 405, Miami, Florida 33150.

The business and affairs of this Corporation shall be managed by a Board of Directors, whose members are referred herein as Directors. The directors will be elected by a majority vote of the members.

The name and street addresses of the initial board of directors and member of this corporation is:

Paul Henrys , M.D.
President
1190 N.W. 95th Street
Miami, FL 33150


ARTICLE V - BYLAWS

The power to adopt, alter, amend or repeal Bylaws for the Corporation shall be vested only in the Directors, as more specifically provided in the Bylaws.

ARTICLE VI - INCORPORATOR

The names and street addresses of the incorporator to these Articles of Incorporation shall be Paul Henrys.

IN WITNESS WHEREOF, the undersigned incorporator has hereunto set his hand and seal on these Articles of Incorporation this 9th day of January, 1996.


Paul Henrys , M.D.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 JAN 17 AM 0:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: CARRIBEAN ORTHOPAEDIC ASSOCIATES, INC.

2. The name and address of the registered agent and office is:

PAUL HENRYS, M.D.
1190 N.W. 95th Street
Miami, FL 33150

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.



Paul Henrys, M.D.

1-9-96

Date

P96 000005772

Paul Henrys, M.D.
16800 N.W. 2ND AVENUE, SUITE 510
NORTH MIAMI BEACH, FLORIDA 33169
ORTHOPEDIC SURGERY

PAUL HENRYS, M.D., F.A.C.S.

PHONE: (305) 653-8900

June 24, 1996

Via U.S. Mail
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

-P96-5772

Re: Caribbean Orthopaedic Associates, Inc.

Dear Sir or Madam:

This serves as a written request to obtain a copy of the Certified Copy of the Articles of Incorporation for the above-referenced. I enclose a check in the amount of \$10.00, payable to the Secretary of State, for all related fees and costs.

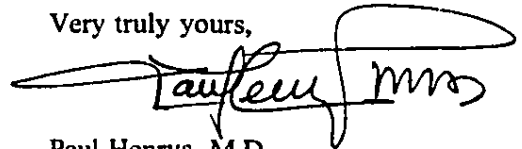
Please also be advised that the address for said corporation has been changed as follows:

Caribbean Orthopaedic Associates, Inc.
1190 N.W. 95th Street
Suite 404
Miami, Florida 33150

address
change
updated
7/10/96
ag

Please respond to the new address above. Your prompt attention to this matter is greatly appreciated.

Very truly yours,



Paul Henrys, M.D.
President
Caribbean Orthopaedic Associates, Inc.

PH/ph.01
a:Uet-lrs.coa

A/c -cc