P96000016012

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

SUBJECT: ALVAREZ ORTHOPEDICS CORPORATION

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $ 122.50.

800001706158
-02/05/96--01048--001
****122.50 ****122.50

FROM:

Name: PAULA ALVAREZ

Address: 622 SW 7 CT.

City, State, & Zip: MIAMI F 33130

Telephone Number: (305) 856 3056

305-642-4900

00678
00624
00671
00167
00624
2/8/96

Send refund to E.K. Williams & Co. attn: Ray

FILED
96 FEB 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 8, 1996

PAULA ALVAREZ
622 SW 7TH COURT
MIAMI, FL 33130

SUBJECT: ALVAREZ ORTHOPEDICS CORPORATION
Ref. Number: W96000002878

We have received your document for ALVAREZ ORTHOPEDICS CORPORATION 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 document must include original signatures.

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: 696A00005505

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 16, 1996

ALVAREZ ORTHOPEDICS CORPORATION
622 SW 7TH COURT
MIAMI, FL 33130

We have received your document for ALVAREZ ORTHOPEDICS CORPORATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document must include original signatures.

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: 196A00006895

Armando Ray Cienfuegos
[redacted] SW 17 Street
Miami, FL 33145
305-442-4403

Licensed Office

E.K. Williams & Co.

FEBRUARY 14, 1996

FLA DEPT OF STATE
TALLAHASSEE, FL.

ATTN: TERRI BUCKLEY

REFERENCE IS MADE TO YOUR LETTER NO. 696A 0000 5505 ATTACHED. WE HAVE REPLACED THE PHOTO COPIES WITH THE ORIGINALS AS REQUESTED BY YOU AND ARE NOW STAPLED TO YOUR LETTER

ON SATURDAY FEBRUARY 10, 1996 WE SEND YOU A CHECK ISSUED BY MRS. PAULA ALVAREZ PLUS ANOTHER SET OF PHOTOCOPIED DOCUMENTS, PLEASE DISREGARD THE PHOTO COPIES AND USE THE CHECK TO PAY FOR THE FILING FEES. SORRY FOR THE MIX-UP

SINCERELY.

RAY

ARTICLES OF INCORPORATION

OF

ALVAREZ ORTHOPEDICS CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
98 FEB 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALVAREZ ORTHOPEDICS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

622 S.W. 7 CT
MIAMI FL 33130

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500 COMMON SHARES
$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PAULA ALVAREZ
622 S.W. 7CT.
MIAMI FL 33130

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PAULA ALVAREZ
6222 S.W. 7 ST.
MIAMI FL 33130

The undersigned has(have) executed these Articles of Incorporation this

27 day of JANUARY, 1996.

Paula Alvarez
Signature/Title

Signature/Title

Signature/Title

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this

28 **day of** January, 1996

Notary Public

OFFICIAL SEAL
FELIX R. MAYMI
My Commission Expires
April 4, 1996
Comm. No. CC 185318

My Commission Expires: _____

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: ALVAREZ ORTHOPEDICS CORPORATION

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

PAULA ALVAREZ
(NAME)

622 S.W. 7 CT
(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33130
(CITY/STATE/ZIP)

FILED
96 FEB 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SIGNATURE Paula Alvarez
(corporate officer)

TITLE PRESIDENT

DATE JANUARY 27, 1996

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.

SIGNATURE Paula Alvarez

DATE JANUARY 27, 1996

P96000016012

APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-48.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: E.R. Williams & Co., Attn: Ray FIN or SS#: _____

Address: 3270 SW 17th Street

Miami, FL 33145

Amount: $122.50 Date Paid _____

Reason for claim: Overpayment of filing fees for ALVAREZ ORTHOPEDICS CORPORATION, document number P96000016012, filed February 15, 1996. Beth Register, New filing

Certified true and correct this _____ *day of* _____, *19* ____.

Signature not required, less than $125.00

* Must be completed if authority is other than Section 215.26, Florida Statutes.

RECEIVED
96 FEB 23 AM 7:40

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund $ 122.50 .

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01059 008 *dated* 2/13/96 .

Name of Account _____

45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR2E060(6/95)

DEBIT MEMORANDUM

P96000016012

FOR OFFICIAL USE

DATE NUMBER

DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	3,515.25	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	3,515.25	OTHER	4	

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	700801751517
12	45-20-2-130001-45300000-00-000100-00	1	-03/2096-01028--019
12	45-20-2-130001-45300000-00-000100-00	2	****122.90 ****137.50
12	45-20-2-130001-45300000-00-000100-00	4	131.25
12	45-20-2-130001-45300000-00-000100-00	1	245.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	575.00
12	45-20-2-130001-45300000-00-000100-00	1	575.00
12	45-20-2-130001-45300000-00-000100-00	1	584.00

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96 FEB 23 AM 9:04
BUREAU OF ACCOUNTING MANAGEMENT

GRAND TOTAL: $ 3,515.25

P96000016012

62-670-C

Process Date: 02/09/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer