TUKERKSG FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FILINGS, INC.

ACCT#: 072720000101

CONTACT: TERESA ROMAN PHONE: (904) 385-6735 (904) 385-6761

FAX #:

NAME: NETWORK FOR WOUND MANAGEMENT, INC. AUDIT NUMBER..... H96000015192 DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS..0

PAGES..... 2 CERT. COPIES..... DEL.METHOD.. MAIL EST.CHARGE.. \$70.00 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

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OCT 29 FH 1:

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ARTICLES OF INCORPORATION

OF

NETWORK FOR WOUND MANAGEMENT, INC.

ARTICLE

The name of the corporation is:

NETWORK FOR WOUND MANAGEMENT, INC.

ARTICLE II

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

ARTICLE III

The maximum number of shares of capital stock that the corporation is authorized to issue is 1,000 shares of common stock at \$.10 per value.

ARTICLE IV

The amount of capital with which the corporation will begin business is the sum of \$100.00.

ARTICLE V

The corporation will have perpetual existence unless sooner dissolved according to law.

ARTICLE VI

The street address of the principal office of the corporation in this state shall be:

1661 E. ATLANTIC BOULEVARD POMPANO BEACH, FLORIDA 33060

ARTICLE VII

The corporation shall have four (4) Director's initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name of the Directors of the corporation are:

HARVEY J. SAPF, D.P.M. TAMARA FISHMAN, D.P.M. DAVID EHRLICH, D.P.M.

PREPARED BY; DAVID EHRLICH, D.P.M. STEVEN A. FEINMAN, ESQ. EDGAR NEITER, D.P.M. 8382 STATE ROAD 84 DAVIE, PLORIDA 33324 (954)473-5424 Plorida Bar No:600880

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ARTICLE YIL

The name and address of the person signing these Articles of Incorporation i

HARVEY J. SAFF, D.P.M. 1661 B. ATLANTIC BOULEVARD POMPANO BEACH, FLORIDA 33060

ARTICLE IX

The Registered Agent of the corporation shall be STEVEN A. FBINMAN, ESQ., whose address within this state is as follows:

\$382 State Reed \$4 Davie, Florida 33324

| IN WITNESS WHEREOF, the Articles of Inco | repuration have been executed on this the |
|--|---|
| | YANTENA MATERIA |
| Having been named Registered Agent for the shaccept the appointment. | |
| STATE OF FLORIDA COUNTY OF BROWARD | MENEN A. FEINMAN, ESQ. |
| I DESCRIPTION AND ALGORITHM | to me necessarily known, this day |

I HEREBY CERTIFY that ibrieve to me personally known, this day acknowledged before me that he executed the foregoing Articles of Incorporation, and I FURTHER CERTIFY that the said person making said acknowledgement to be the individual described in and who executed the said instrument.

IN WITNESS WHEREOF, I have hereto set my hand an ideal ideal County and State on this the 22 day of Choke 1996.

My Commission Expires:

STEVEN A FEMBLIAN

My Convenient OCATIONS

Stephen J.M. 80, 1686

Stephen J.M. 80, 1686

Stephen J.M. 80, 1686

Print Name: Skylen A. Feinman

Nutary Public, State of Florida