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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT

ACCT#: 072450003255

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: WHSTON OSTROPOROSIS CENTER, INC.

AUDIT NUMBER.....H96000016736

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....0

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ARTICLES OF INCORPORATION
OF
WESTON OSTEOPOROSIS CENTER, INC.

ARTICLE I.

The name of the corporation is:

WESTON OSTEOPOROSIS CENTER, INC.

The principal and registered office of this corporation shall be:

1845 North Corporate Lakes Boulevard
Weston, Florida 33326

ARTICLE II.

PURPOSE

The purpose for which this corporation is organized is to perform scientific clinical medical research studies in South Florida to improve local patient care, and any other active business permitted under the laws of the United States of this State.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 100 shares of common stock with no par value.

ARTICLE IV

The amount of capital with which this corporation will begin business is Five Hundred (\$500.00) Dollars.

This instrument prepared by
ANITA PAOLI KOTLER
P.O. Box 1040
Hollywood, FL 33022
954-922-4656
FL BAR NO. 0845744

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INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is: 1901 Harrison Street, Hollywood, Florida 33020. The name of the initial registered agent of this corporation at that address is:

Anita Paoli Kotler
1901 Harrison Street
Hollywood, FL 33020

ARTICLE VI

This corporation shall have perpetual existence.

ARTICLE VII

The business of this corporation shall be conducted by a Board of not less than one or more than five directors.

ARTICLE VIII

The officers of the corporation shall be a President, one or more Vice-Presidents, a Secretary and a Treasurer.

Until the first meeting of this corporation, the following shall be the officers: Jon Allen Kotler
President/Secretary/Treasurer

The Directors shall be as above until the organizational meeting of the corporation.

From membership of the Board of Directors shall be elected a President, Vice President or Vice Presidents, a Secretary and a Treasurer.

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ARTICLE IX

The name and address of the person signing these Articles of Incorporation as subscriber/incorporator is:

Jon Allen Kotler
P.O. Box 11697
Fort Lauderdale, FL 33339

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 22 day of November, 1996.


Jon Allen Kotler
President

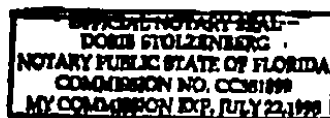
STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 22 day of November, 1996 by Jon Allen Kotler. (X) He/she is personally known to me or () who has produced the following identification _____


NOTARY PUBLIC

My Commission expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DÓMICLE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First--That WESTON OSTEOPOROSIS CENTER, INC.

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at the City of Weston, County of Broward, State of Florida, has named, Anita Paoli Kotler, located at 1901 Harrison Street, Hollywood, Florida 33020 as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By: Anita Paoli Kotler
(Resident Agent)

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