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SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

740 NE 69TH STREET
BOCA RATON, FL 33487

MARCH, 1997

Secretary of State
Capitol Building
Tallahassee, Florida
32304

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-04/03/97--01136--002
*****70:00 *****70:00

Attention: Corporation Division

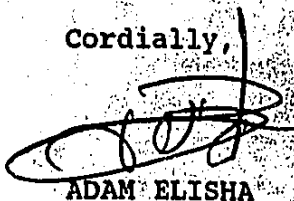
RE: SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

Dear Sir:

Please accept for filing, the Articles of Incorporation and the Resident Agent form which designates the Resident Agent for the above-captioned corporation. Enclosed is our check in the amount of \$70.00 to cover the following fees:

Filing Original Articles of Incorporation	\$ 35.00
Resident Agent Fee	35.00
Total	\$ 70.00

Cordially,


ADAM ELISHA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR -3 AM 9:48

CERTIFICATE OF INCORPORATION

-OF-

SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

ARTICLE II. DURATION

The term of existence of the corporation is perpetual.

ARTICLE III. PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 1,000,000, all of which shall be common shares with par value of \$0.01.

ARTICLE V. REGISTERED OFFICE

The street address and mailing address of the principal place of business is 740 NE 69TH STREET, BOCA RATON, FL 33487 and the street address of the initial registered office of the corporation is 740 NE 69TH STREET, BOCA RATON, FL 33487 and the name of the initial registered agent is ADAM ELISHA.

ARTICLE VI. DIRECTORS

The Board of Directors of the corporation shall consist of one member, but may be increased or decreased by a resolution of the Board of Directors adopted in the manner provided in the Bylaws of the corporation, provided that in no event shall the Board of Directors consist of less than one member.

The name and address of the Director which constitutes the first Board of Directors of the Corporation is:

NAME
ADAM ELISHA

ADDRESS
740 NE 69TH STREET
BOCA RATON, FL 33487


ARTICLE VII. INCORPORATORS

The name and address of the incorporator of the corporation is:

NAME
ADAM ELISHA

ADDRESS
740 NE 69TH STREET
BOCA RATON, FL 33487

IN WITNESS WHEREOF, the undersigned have subscribed their names this 28 day of MARCH 1997.


ADAM ELISHA
OFFICIAL NOTARY SEAL
C ALEXANDRA LEONARD
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC444416
MY COMMISSION EXP. MAR. 9, 1999

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

:ss

On this 28 day of MARCH 1997, before me, the undersigned officer, personally appeared as ADAM ELISHA, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.


NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR -3 AM 9:48

STATE OF FLORIDA

SECRETARY OF STATE

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.

SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC., a corporation organized under the laws of the state of Florida, with its principal office at 740 NE 69TH STREET, BOCA RATON, FL 33487 has named ADAM ELISHA at 740 NE 69TH STREET, BOCA RATON, FL 33487, County of Palm Beach, as its agent to accept service of process within this state.

<u>OFFICERS</u>	<u>TITLES</u>	<u>SPECIFIC ADDRESSES</u>
ADAM ELISHA	President/Dir Sec/Treas.	740 NE 69TH STREET BOCA RATON, FL 33487

ACCEPTANCE

I agree as Resident Agent to accept Service of Process: to keep this office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by Law.

DATED: 3/26/87


ADAM ELISHA
Resident Agent