Briginal

TRANSMITTAL LETTER

Department of State Division of Corporations

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

SUBJECT: See Atraches Annovative Medical Care, INC (Proposed corporate name)

300002201553--8

--06/04/97---01073---006 ****122.50 ****122.50

FROM:

Suellyw Godino
Name (printed or typed)

440 NW 113th AVE
Address

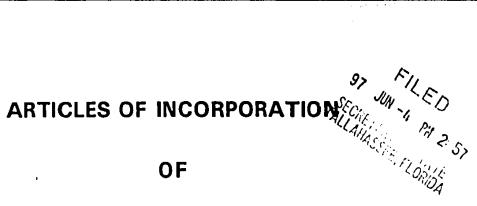
Coral Springs, FL 3307/
City, State, & Zip

954) 755-040/

97 JUN -4 PH 2: 57
SECNETAL
TALLAHASSEE FLORIDA

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

Paga



INNOVATIVE MEDICAL CARE, INC.

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.

ARTICLE | NAME

The name of the corporation shall be:

Innoverive Medical Care, INC

ARTICLE II PRINCIPAL OFFICE

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

58 11B N. Andrews Way FT. LAUDER DALE, FL 33309

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHEllyN GODINO 440 NW 1/34 AVE CorAL Springs, FL 33671

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation s(are):
Suellien GODINO
Suc/lyn Govina 440 NW 1134Ave Coral Springs, FL 33071
Coral Springs, FL
3307/
•
,1.
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Suellyn Godina Signature
Signature
Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

I. The name of the corporation is: InnovatiVE Medica	1/ Came, INC
	·
2. The name and address of the registered agent and office is:	
SuellyN GODINO "	
(Name)	
440 NW 113 AVE	
(P.O. Box <u>NO1</u> acceptable)	
Coral Springs FL 330 (City/State/Zid)	7/
(Citý/State/Zip)	· · · · · · · ·

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 Sully Sodino

DATE <u>5/28/97</u>

REGISTERED AGENT FILING FEE: \$35.00

PM 2: 57 FLORIDA