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FLORIDA DIVISION OF CORPORATIONS

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CONTACT: AL CLARK

PHONE: (813)398-6011

FAX #:

(813)397-5189

NAME: GERI CARE ORTHOTICS, INC.

AUDIT NUMBER.....H98000015346

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

CERT. OF STATUS..0

PAGES..... 3

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ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be

GERI CARE ORTHOTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

614 WINDRUSH BAY DRIVE
TARPON SPRINGS, FL.34689

ARTICLE III SHARES

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

1000 SHARES
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
prepared by:

Name: ALBERT S. FORCELLA JR.
Address: 614 WINDRUSH BAY DRIVE
TARPON SPRINGS, FL.34689

Accounting & Tax Help, INC.
8668 PARK BLVD Suite A
SEMINOLE, Florida 33777

PH # 727-938-8608

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FROM : ACCOUNTING & TAX HELP INC.
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PAGE 05

FROM : ACCOUNTING & TAX HELP INC.

PHONE NO. : 8135287222 393 1766 Aug. 17 1998 02:16PM -7

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

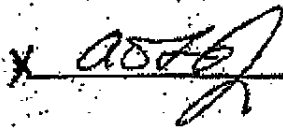
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Albert S. Forcella Jr.
614 Windrush Bay Drive
Tarpon Springs, FL 34689

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

17th day of August, 1998

(An additional article must be added if an effective date is requested.)

X 

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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

1. The name of the corporation is:

GERI CARE ORTHOTICS, INC.

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

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD. , Suite A
(P.O. Box not acceptable)

SEMINOLE, Florida 33777
(City/State/Zip)

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*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.*

Al Clock DATE 8-17-98
(Signature)
PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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