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NAME: BONE FRAGILITY CENTER, INC.
AUDIT NUMBER.....H98000015797
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 25, 1998

EMPIRE

SUBJECT: BONE FRAGILITY CENTER, INC.
REF: W98000019374

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THE SECOND AND THIRD PAGE ON THE ARTICLES IS TOO DARK AND BLURRY.

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Neyssa Culligan
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FAX Aud. #: H98000015797
Letter Number: 898A00043931

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ARTICLES OF INCORPORATION
OF

BONE FRAGILITY CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be: **BONE FRAGILITY CENTER, INC.**

The principal place of business of this corporation shall be:
**2140 W. 68 STREET, SUITE 406A
HIALEAH, FL 33016**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officers(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**MARIA CANIZARES, PRESIDENT
1556 SW 64 AVENUE
MIAMI, FL 33144**

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TALLAHASSEE, FLORIDA

Prepared by:
Julio E. Fernandez, CPA
2801 Ponce de Leon Blvd.
Suite 1000
Coral Gables, FL 33134
(305) 445-0777

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

**MARIA CANIZARES
1556 SW 64 AVENUE
MIAMI, FL 33144**

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 24 day of August, 1998.

Signature (s) of incorporator(s)


MARIA CANIZARES

STATE OF FLORIDA

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this ____ day of
, 19__ by (name of incorporator(s)) (name of corporation)

Notary Public

My Commission Expires:

(SEAL)

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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:

BONE FRAGILITY CENTER, INC.

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

MARIA CANIZARES

1556 SW 64 AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33144

(CITY/STATE/ZIP)

SIGNATURE: *Maria Canizares*
(Corporate Officer) MARIA CANIZARES

TITLE President

DATE 8/24/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *Maria Canizares*
(Registered Agent) MARIA CANIZARES

DATE 8/24/98

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