

P98000076388
TRANSMITTAL LETTER

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

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-08/31/98--01067--006
****131.25 ****131.25

SUBJECT: ORTHOPAEDIC FELLOWSHIP PROGRAM, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$131.25 Filing Fee, Certified Copy & Certificate

FROM: Donald A. Lewis
3399 NW 72 Ave #101
Miami, FL 33122
Tel: (305) 599-9933
Fax: (305) 594-2772

FILED
98 AUG 31 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles

9/19-2-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
ORTHOPAEDIC FELLOWSHIP PROGRAM, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3399 NW 72 Avenue, Suite #101
Miami, FL 33122

ARTICLE III SHARES

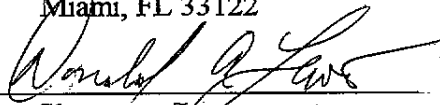
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

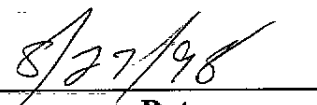
The name and Florida street address of the initial registered agent are:
Donald A. Lewis
3399 NW 72 Ave #101
Miami, FL 33122

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Donald A. Lewis
3399 NW 72 Avenue, #101
Miami, FL 33122



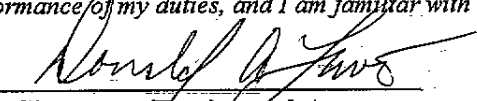
Signature/Incorporator



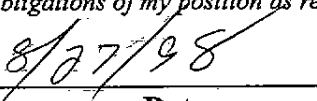
Date

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

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/Registered Agent



Date

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