

Division of Corporations

**P98000097143**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : PEREZ, BEHAR & ASSOCIATES, INC.  
Account Number : I19980000081  
Phone : (305)949-4838  
Fax Number : (305)949-6652

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**DOS SANTOS ORTHOPEDIC CARE, INC.**

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**ARTICLES OF INCORPORATION  
OF  
DOS SANTOS ORTHOPEDIC CARE, INC.**

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

**ARTICLE I**

The name of this corporation shall be:

**DOS SANTOS ORTHOPEDIC CARE, INC.**

**ARTICLE II**

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III**

It shall have the authority to issue 100 shares of stock, all of one class, with \$ 1.00 par value.

**ARTICLE IV**

The corporation shall begin with \$ 100.00 capital.

**ARTICLE V**

The period of its duration is perpetual.

**ARTICLE VI**

The address of its principal office is:

7824 NW 193<sup>rd</sup> Terrace  
Miami, FL. 33015

*Prepared By:*  
Perez, Behar & Assoc., Inc.  
14730 N. E. 10th Avenue  
N. Miami, FL 33161

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**ARTICLE VII**

The number of directors constituting its initial Board of Directors is ( 2) whose name(s) and address(es) is (are):

**Maria E Dos Santos  
7824 NW 193<sup>rd</sup> Terrace  
Miami, Fl. 33015  
President 50%**

**Jose F Dos Santos  
7824 NW 193<sup>rd</sup> Terrace  
Miami, Fl. 33015  
Vice President 50%**

**ARTICLE VIII**

The name and address of the subscriber is:

**Maria E Dos Santos  
7824 NW 193<sup>rd</sup> Terrace  
Miami, FL. 33015**

**ARTICLE IX**

The permanent agent and address for the corporation shall be:

**PEREZ, BEHAR & ASSOCIATES, INC.  
14730 N.E. 10<sup>TH</sup> AVENUE  
N.MIAMI, FL. 33161**

**ARTICLE X**

Shareholders shall be entitled to preemotive rights.




**Maria E Dos Santos**

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:**

**FIRST THAT DOS SANTOS ORTHOPEDIC CARE, INC. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA HAS NAMED PEREZ, BEHAR & ASSOCIATES, INC. AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.**

Signature: 

Title: PRESIDENT

**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.**

Signature:   
RAMON PEREZ/ VICE PRESIDENT  
PEREZ, BEHAR & ASSOCIATES, INC.

Date: 11-17-98

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