TRANSMITTAL LETTER

P9900084584

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

700002983827--6 -09/10/99--01052--004_ *****70.00 *****70.00

| SUBJECT: | LANTANA Ortho | pedics, t.A. | | | |
|-------------------|---|---------------------------|----------------------|---|--|
| _ | (Proposed corporate name - must include suffix) | | | | |
| | | | [AL | E C 3 | |
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| | | | a c | 0 | |
| Enclosed is an or | riginal and one(1) copy of the articl | es of incorporation and a | check for: | | |
| 5 \$70.0 | 0 🚨 \$78.75 | De70 75 | □ \$87.50 ਹੁੰ | | |
| Filing Fe | | \$78.75 Filing Fee | Filing Fee, | 2 | |
| Ü | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | | & Certificate of | 18 | |
| | | ADDEFICIAL CC | Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FRO | | Astor M.S., 1 |).c. | | |
| | Name (I | Name (Printed or typed) | | | |
| | 5869 S. Co. | ngress Ave S | ste. A | · • • • • • • • • • • • • • • • • • • • | |
| | | Lantana, FL 33462 | | | |
| | EFF. | EFFECTIVE DATE | | | |
| | City, | City, State & Zip | | | |
| | | 561 - 963 - 9400 | | | |
| | Daytime 7 | Daytime Telephone number | | | |

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

agc 9/16



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 16, 1999

STEVEN M. PASTOR M.S., D.C. 5869 S. CONGRESS AVE., STE. A LANTANA, FL 33462

SUBJECT: LANTANA ORTHOPEDICS, P.A.

Ref. Number: W99000021359

We have received your document for LANTANA ORTHOPEDICS, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum Document Specialist

Alan,

Letter Number: 399A00045651

Thave Added Article III for Porpose,

Mease use original effective date,

Thank - you

from My

| '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: | 12 C | - É |
| LANTANA Orthopedics, P.A. | 010 | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5869 S. Congress Ave 5te. B Lantana FL 33462 | 99 (EP 10 M 9: 22 | 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any of the number of shares of the stock of the stoc | one time is: | |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Steven M. Pastor 5869 S. Congress Ave Ste. A ARTICLE V INCORPORATOR | <u>S</u> | |
| The name and address of the incorporator to these Articles of Incorporation are: | | |
| Same as above in article IV | EFFECTIVE DATE | 39 |
| Signature/Incorporator 9/7/99 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, 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

obligation

| my positification registered agent | 9/7/99 | |
|------------------------------------|----------|--|
| Signature/Registered Agent | Date | |

Effective date of the corporation be Sept 7, 1999 - Purpose - Medical practice specializing