

TRANSMITTAL LETTER

P 990000 85448

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

300002995823--5  
-09/24/99--01022--003  
\*\*\*\*157.50 \*\*\*\*\*78.75

SUBJECT: The Florida Joint Replacement Institute  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID U. ARANGO  
Name (Printed or typed)

1 FLORIDA PARK DRIVE NORTH, SUITE 103  
Address

DAUM COAST FL 32137  
City, State & Zip

407 208 9092  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 24 AM 7:03

FILED

F. CHAMBER SEP 28 1999

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

# 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:

The Florida Joint Replacement Institute INC.

## **ARTICLE II PRINCIPAL OFFICE**

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

1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FL 32137

## **ARTICLE III SHARES**

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

100

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

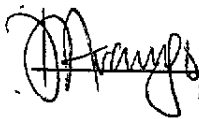
The name and Florida street address of the initial registered agent are:

1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FLORIDA 32137

## **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

DAVID ARANGO  
1 FLORIDA PARK DRIVE NORTH  
SUITE 103  
PALM COAST, FL 32137



Signature/Incorporator

9/22/09

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

9/22/09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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