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Florida Department of State

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Division of Corporations

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: (850) 922-4001

From:

: M. BURR KEIM COMPANY Account Name

Account Number: I19990000242 (215) 563-8113 Phone : (215)977-9386 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

COLLIER SPORTS MEDICINE AND ORTHOPAEDIC CENTER, P.A.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

OF

COLLIER SPORTS MEDICINE AND ORTHOPAEDIC CENTER, P.A.

The undersigned, for the purpose of forming a corporation pursuant to the provisions of the Florida General Corporations Act, Chapter 607 and The Florida Professional Service Corporations Act, Chapter 621 hereby certifies that:

- The name of the corporation is:
 COLLIER SPORTS MEDICINE AND ORTHOPAEDIC CENTER, P.A.
- 2. The purpose or purposes for which the corporation is organized are to engage in the practice of orthopaedic surgery; to invest its funds in real estate, mortgages, stocks, bonds, or any other type of investment and to own real or personal property necessary for the rendering of its professional services.
- 3. The principal place of business and mailing address of this corporation shall be 11181 Health Park Boulevard, Suite 2220, Naples, FL 34110.
- 4. The number of shares of stock which this corporation is authorized to have outstanding at any one time is:

One Thousand Shares (1,000) Shares Par Value \$1.00 Per Share

5. The name and address of the initial registered agent:

James J. Guerra, M.D.

11181 Health Park Boulevard Suite 2220

Naples, FL 34110

5. The name and address of the incorporator is:

James J. Guerra, M.D.

11181 Health Boulevard Suite 2220

Naples, FL 34110

The undersigned has executed these Articles of Incorporation this 20THday of December 1999.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:

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COLLIER SPORTS MEDICINE AND ORTHOPAEDIC CENTER, P.A.

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

11181 Health Park Boulevar Suite 2220 Naples, FL 34110

Signature

Title: Incorporator

Date: /2/20/99

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

Date:

12/20/99

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