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LAKELAND REGIONAL FOOT & ANKLE CENTER, P.A.
PODIATRY AND FOOT SURGERY
GREGORY G. COOK, D.P.M.
1543 LAKELAND HILLS BLVD., SUITE B
LAKELAND, FLORIDA 33805

August 12, 1997

Secretary of State
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 14 AM 8:35

RE: ARTICLES OF INCORPORATION and
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Dear Sir:

Enclosed herewith are two (2) copies each of the above referenced documents.

Also enclosed is a check in the amount of One Hundred Twenty Two and 50/100 Dollars (\$122.50).

This check will cover the fee of \$70.00 and the certified copy of filing of \$52.50.

Should you require additional information and/or documentation please let me know in writing or by calling 941-644-3443 (Home). My business telephone has not as yet been installed.

Sincerely,

Gregory G. Cook, D.P.M.

Gregory G. Cook, D.P.M.

Enc: As stated above.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION OF

Lakeland Regional Foot & Ankle Center, P.A.
A Professional Association

The undersigned incorporator, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the Professional Association shall be: Lakeland Regional Foot & Ankle Center, P.A.

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this Professional Association shall be (give street address and zip code): 1543 Lakeland Hills Boulevard, Lakeland, Florida 33805.

ARTICLE 3: SHARES

All stock issued by this Professional Association shall be common voting stock of a single class. The number of shares of stock that this Professional Association is authorized to have outstanding at any time is: 500.

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is Dr. Gregory G. Cook, whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: PURPOSE AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of podiatric medicine and foot surgery under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person rendering professional services shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.

ARTICLE 6: NUMBER OF SHARES

The number of shares to be issued are One Hundred (100) with a par value of One Dollar (\$1.00) per share.

ARTICLE 7: NAME PRESIDENT, TREASURER AND SECRETARY

The name of the President is Gregory G. Cook, D.P.M., whose home address is 222 Ash Lane, Lakeland, Florida, 33813.
The name of the Treasurer and Secretary is Kenneth J. Cook, whose

home address is 222 Ash Lane, Lakeland, Florida, 33813.

ARTICLE 8: NAME AND ADDRESS OF EACH INCORPORATOR

The name and address of each incorporator is Gregory G. Cook, D.P.M., whose home address is 222 Ash Lane, Lakeland, Florida, 33813.

SIGNATURES:

Gregory G. Cook D.P.M.
Gregory G. Cook, D.P.M.
President

Kenneth J. Cook
Kenneth J. Cook
Secretary and Treasurer

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to Florida law, 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/professional association is:

Lakeland Regional Foot & Ankle Center, P.A.

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

Gregory G. Cook, D.P.M.

Full name

1543 Lakeland Hills Boulevard

Address (P.O. Box not acceptable)

Lakeland, Florida 33805

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 14 AM 8:36

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.

Gregory G. Cook, D.P.M.
SIGNATURE OF REGISTERED AGENT

08 August, 1997

DATE

Designation of Registered Agent
Filing Fee - \$35.00