

F0000000000526

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Foot & Ankle Health Centers, P.C.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sharon A. Gibbons, Legal Assistant
(Name of Person)

400003110144--3

Seyburn, Kahn, Ginn, Bess and Serlin, P.C.
(Firm/Company)

-01/25/00--01072--001
*****78.75 *****78.75

2000 Town Center, Suite 1500
(Address)

Southfield, MI 48075-1195
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Sharon A. Gibbons at (248) 353-7620
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JAN 25 PM 2:24

FILED

WR
1/28

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

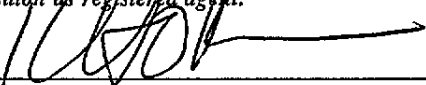
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Foot & Ankle Health Centers, P.C.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in name at present.)
2. Michigan
(State or country under the law of which it is incorporated)
3. 38-3444037
(FEI number, if applicable)
4. January 1, 1999
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 35109 Quaker Way
Farmington Hills, MI 48331
(Current mailing address)
8. Practice of foot and ankle medicine
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop box NOT acceptable)
Name: Kenneth D. Poss, D.P.M.
Office Address: 5130 Linton Blvd., Suite I-8
Delray Beach, Florida, 33484
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)
KENNETH D. POSS, D.P.M.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
JAN 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kenneth D. Poss, D.P.M.

Address: 35109 Quaker Way

Farmington Hills, MI 48331

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Kenneth D. Poss, D.P.M.

Address: 35109 Quaker Way

Farmington Hills, MI 48331

Vice President: Randy H. Bernstein, D.P.M.

Address: 30931 Seven Mile Road

Livonia, MI 48152

Secretary: Kenneth D. Poss, D.P.M.

Address: 35109 Quaker Way

Farmington Hills, MI 48331

Treasurer: Kenneth D. Poss, D.P.M.

Address: 35109 Quaker Way

Farmington Hills, MI 48331

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

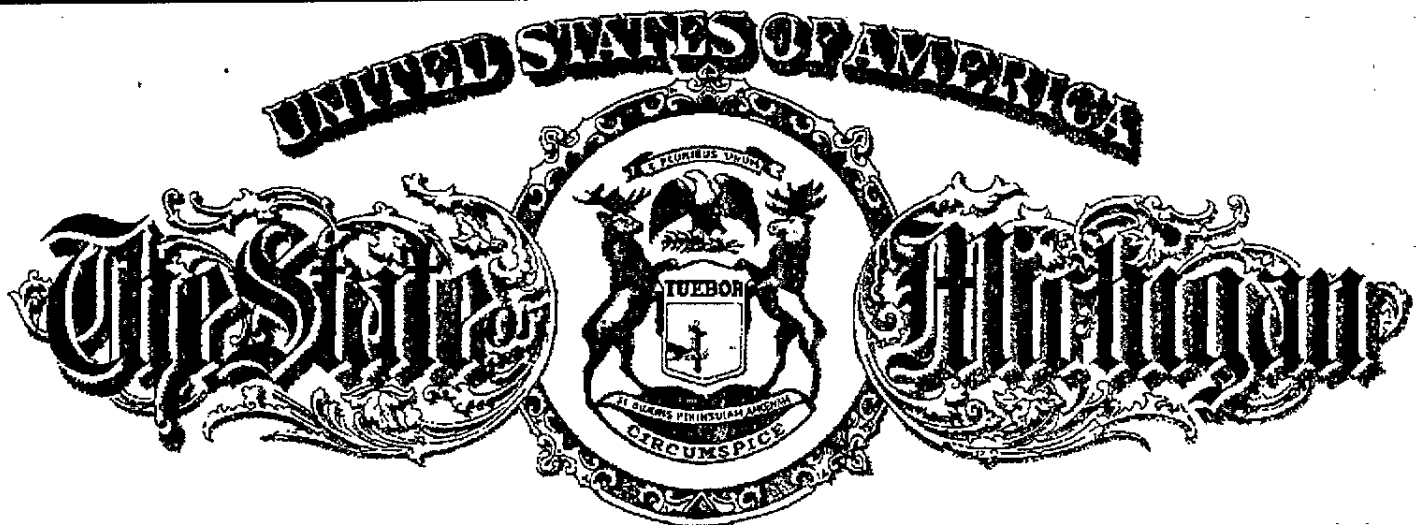
13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kenneth D. Poss, D.P.M., President

(Typed or printed name and capacity of person signing application)

FILED
00 JAN 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

FOOT & ANKLE HEALTH CENTERS, P.C.

was incorporated on December 18, 1998, as a Michigan profit corporation,
and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing
in this office as of this date and is duly authorized to transact business or conduct
affairs in Michigan and for no other purpose. It is in the usual form, made by me
as the proper officer, and is entitled to have full faith and credit given it in every
court and office within the United States.

In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 28th day
of December, 1999.

, Director

Corporation, Securities and Land Development Bureau

FILED
00 JAN 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA