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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

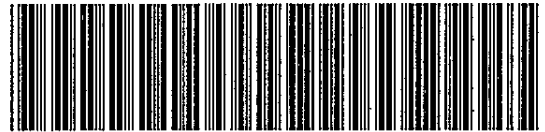
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M06-2297  
JR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2006

JOHN HARRIS, III  
1920 VICTORIA AVENUE  
FORT MYERS, FL 33901

SUBJECT: PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY  
Ref. Number: W06000001329

2006 APR 20 PM 3:53  
SECRETARY OF  
TALLAHASSEE, FL

FILED

We have received your document for PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 606A00020504



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2006

MICHAEL FOSTER  
1920 VICTORIA AVENUE  
FORT MYERS, FL 33901

SUBJECT: PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY  
Ref. Number: W06000001329

SECRETARY OF  
STATE

2006 APR 20 PM 2:50

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We have received your document for PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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Tammi Cline  
Document Specialist

Letter Number: 506A00002103

*Law Offices of*  
**ROBERTS & ENGVALSON, P.A.**  
1920 Victoria Ave.  
Ft. Myers, Florida 33901  
239-332-7273 FAX 239-332-3320

**TO:** Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Palm Podiatry Practice  
(Name of the Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael T. Foster  
ROBERTS & ENGVALSON, P.A.  
1920 Victoria Avenue  
Fort Myers, FL 33901

For further information concerning this matter, please call Michael T. Foster at (239) 332-7273.

Enclosed is check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status
<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
Tallahassee, FL 32301

SECRETARY  
OF  
STATE

2006 APR 20 PM 3:53

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. The name of the Limited Liability Company is: palm Podiatry Practice Limited Liability Company of Nevada
2. Initial Jurisdiction of Organization: Nevada
3. FEI Number is pending
4. Date of Initial filing: December 28, 2005
5. Duration of LLC: 100 years to January 1, 2106
6. First transacted business in Florida: January 2, 2006
7. The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

15620 McGregor Boulevard,  
Fort Myers, Florida 33908-2528

**Mailing Address**

15620 McGregor Boulevard,  
Fort Myers, Florida 33908-2528

8. This limited liability company is a **MANAGER-MANAGED COMPANY**.
9. The name and usual business address of the LLC Manager is as follows:

David N. Gavin  
15620 McGregor Boulevard,  
Fort Myers, Florida 33908-2528

10. Attached is an origianl of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the laws of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature and purpose of the business is the practice of podiatric medicine.

In accordance with section 608.408(3). F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



David N. Gavin - Authorized Manager of LLC

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TALLAHASSEE FL

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

**PURSUANT TO THE PROVISIONS OF SECTION 608.414 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.**

The name of the Limited Liability Company is:

Palm Podiatry Practice Limited Liability Company of Nevada

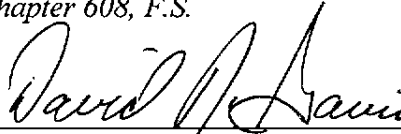
(must end with the words "Limited Liability Company", "Limited Company" or the abbreviations "L.L.C.," or "LLC.")

**Name and Address of Registered Agent**

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

David Nicholas Gavin  
15620 McGregor Boulevard, Fort Myers, Florida 33908-2528

*Having been named as a registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.*



Registered Agent's Signature - David N. Gavin

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**

2006 APR 20 PM 3:53  
SECRETARY OF STATE  
FLORIDA

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ROBERTS & ENGVALSON, P.A.

ATTORNEYS AT LAW

1920 Victoria Avenue  
Fort Myers, Florida 33901

Kinley I. Engvalson  
Lori W. Clifford  
Charles M. Roberts  
Of Counsel

Tel (239) 332-7273  
Fax (239) 332-3320

March 20, 2006

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

Attn: Registration Section

Enclosed please find copies of the Articles of Organization and the check used to pay the filing fees for Palm Podiatry Practice, LLC. These materials have been filed with your office previously but we were informed that your office required certification from the state of Nevada. The original certification from the Nevada Secretary of State is also enclosed. Upon review of these documents, please contact our office with any questions or thoughts on this matter.

Very truly yours,



John F. Harris, III  
Law Clerk

enclosures

2006 APR 20 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Law Offices of*  
**ROBERTS & ENGVALSON, P.A.**

1920 Victoria Ave.  
Ft. Myers, Florida 33901  
239-332-7273 FAX 239-332-3320

**TO:** Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Palm Podiatry Practice  
(Name of the Limited Liability Company)

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_____ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	_____ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Registration Section  
Division of Corporations  
Clifton Building  
Tallahassee, FL 32301

2006 APR 20 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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ROBERTS & ENGVALSON, P.A.

ATTORNEYS AT LAW

1920 Victoria Avenue  
Fort Myers, Florida 33901

Kinley I. Engvalson  
Lori W. Clifford  
Charles M. Roberts  
Of Counsel

Tel (239) 332-7273  
Fax (239) 332-3320

April 19, 2006

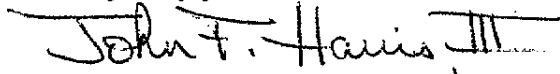
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Palm Podiatry Practice Limited Liability Company  
Ref. Number: W06000001329

Attn: Registration Section

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Very truly yours,



John F. Harris, III  
Law Clerk

enclosure

2006 APR 20 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY OF NEVADA**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 28, 2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 3, 2006.

DEAN HELLER  
Secretary of State

By

  
Certification Clerk