P00000019528

TRANSMITTAL LETTER

APPROVED
AND
FILED

00 FEB 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: First Coast Podiatry, P.A.
(Proposed corporate name - must include suffix)

700003145947--5
-02/24/00--01039--012
*****87.50 *****87.50

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

ADDITIONAL COPY REQUIRED

FROM: Dr. Jaynell M. Smith, D.P.M.
Name (Printed or typed)

2589 College St.
Address

Jacksonville, FL 32205
City, State & Zip

(904) 388-5565
Daytime Telephone number

RECEIVED
00 FEB 24 PM 12:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RV
2/24

ARTICLES OF INCORPORATION
In compliance with Chapter 621, F.S., Professional Association

APPROVED AND FILED
00 FEB 24 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:
First Coast Podiatry, P.A.

ARTICLE II PRINCIPLE OFFICE
The principle place of business/mailing address is:
P.O. Box 2588
Jacksonville, Fl. 32203

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Podiatric Medical Practice

ARTICLE IV SHARES
The number of shares of stock is:
1 (ONE)

ARTICLE V OFFICERS/DIRECTORS (OPTIONAL)
The name(s) and address(es):

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Jaynell M. Smith DPM
2589 College St.
Jacksonville, Fl. 32204

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Jaynell M. Smith, DPM — President
2589 College St.
Jacksonville, Fl. 32204

****

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Signature/Registered Agent — 2/24/2000 Date

Signature/Incorporator — 2/24/2000 Date