

P00000030513

TRANSMITTAL LETTER

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

500003175385--3  
-03/20/00--01069--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Central Diabetic Neuropathy Foot Clinic, Inc.  
(Proposed corporate name - must include suffix)

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: DARALL J MOORE  
Name (Printed or typed)

4220 - Central Ave  
Address

ST. PETE FLA. 33711  
City, State & Zip

727-321-8806  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

00 MAR 20 AM 11:22

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Central Diabetic Neuropathy Foot Clinic, Inc.

00 MAR 20 AM 11:22  
STATE OF FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4220 - Central Avenue ST. Petersburg FLA. 33711 ⇒ principal place of business  
⇒ Mailing address ⇒ P.O. Box 530069

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To detect early Diabetic Neuropathy in The Foot  
Prevent progression of, Teach about Diagnosis,  
Teach Foot Care and Vascular Examination.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By Qualification

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Dr Darall J Moore  
Regina J Moore RN

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Darall J. Moore

4220 - Central Ave ST. Petersburg Florida 33711

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: Darall Jetoma Moore

4220 - Central Ave ST. Petersburg Florida 33711

\*\*\*\*\*  
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.

Darall Moore DPM  
Signature/Registered Agent  
Darall Moore  
Signature/Incorporator

3-6-00  
Date  
3-6-00  
Date