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

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I

SUBJECT: MARK W. STURGE, D.P.M., P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status	ee, d Copy ficate of
FROM:	MARK W. STUR	GE, D.P.M.		
	9299 S.W. 15			-
	Miami, Fl.	33157		
	City,	State & Zip		- ·
	(305) 251-59	45		TASE SE
		elephone number		- E

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

MAY 1 7 2001

2/

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	. A to the second
The name of the corporation shall be:	
Mark W. Sturge, D.P.M., P.A.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
9299 S.W. 152nd Street #205 Miami, Fl. 33157	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To Operate as a PODIATRIST	b
ARTICLE IV SHARES	7 <u>9</u>
The number of shares of stock is:	
10,000	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	SSEE, FI
Mark W. Sturge	9: 07
9299 S.W. 152nd Street #205 Miami, Fl. 33157	<u> </u>
ADMIGLE IA	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	·
Mark W. Sturge, D.P.M. 9299 S.W. 152nd Street #205	- -
Miami, Fl. 33157 <u>ARTICLE VII INCORPORATOR</u>	
The <u>name and address</u> of the Incorporator is:	
Mark W. Sturge	
9299 S.W. 152nd St. #205 Miami, FL. 33157	-
***********************	********
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	n at the place designated in this s capacity
DIM INCHES	
Signature/Registered Agent Date	9/.01

5/9/<u>0</u>1 Date