

P02000021253

HANS CHARLES FEIGE

LAWYER

**2 Office Park Drive Suite D
Palm Coast, FL 32137**

Telephone (386) 446-0089

Fax (386) 446-0823

TRANSMITTAL LETTER

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

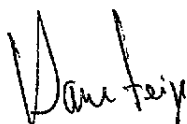
409 East Gaines Street
Tallahassee, FL 32399

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*****78.75 *****78.75

Re: Joseph W. Bonura, DPM, PA

Enclosed please find the original and one copy of the Articles of Incorporation and our check for \$78.75 (Filing Fee & Certificate). Please return a copy of the Articles and the Certificate to the above address in the return envelope enclosed.

Very truly yours,



Hans Feige

Copy:

FILED
02 FEB 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN FEB 26 2002

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE I (NAME)

The name of this corporation shall be:

Joseph W. Bonura, DPM, P.A.

ARTICLE II (PRINCIPAL OFFICE)

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

19 Burning Sands Lane
Palm Coast, FL 32137

ARTICLE III (SHARES)

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 no-par shares.

ARTICLE IV (INITIAL REGISTERED AGENT AND STREET ADDRESS)

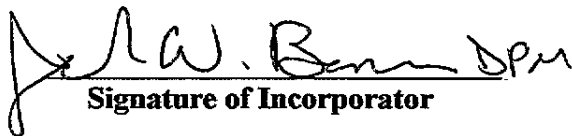
The name and Florida street address of the initial registered agent is:

Hans Feige
2 Office Park Drive Suite D
Palm Coast, FL 32137

ARTICLE V (INCORPORATOR)

The name and address of the incorporator to these Articles of Incorporation is:

Joseph W. Bonura
19 Burning Sands Lane
Palm Coast, FL 32137



Signature of Incorporator

2-20-2002
Date

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STATE OF FLORIDA
TALLAHASSEE

REGISTERED AGENT

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.



Signature of Registered Agent

2/20/02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA