

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 700005500987--5 -05/09/02--01065--003 *****87.50 ******87.50

SUBJECT: Center for Ankle and Foot Surgery

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for

\$87.50, covering the Filing Fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

From: Eric S. Harmelin, D.P.M. 2430-B East Commercial Blvd Ft. Lauderdale, FL 33308 2002 MAY 21 AM IO: 36
SECRUTARY OF STATE
SECRUTARY OF STATE

NOTE: Please provide the original and one copy of the Article of Incorporation.

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45/22/02



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

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2002 MAY 2 | AM 10: 36

SECRETARY OF STATE TALLAHASSEE FLORIDA

May 13, 2002

ERIC S. HARMELIN, D.P.M. 2430-B EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308

SUBJECT: CENTER FOR ANKLE AND FOOT SURGERY

Ref. Number: W02000013825

We have received your document for CENTER FOR ANKLE AND FOOT SURGERY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 402A00030421

FILED

ARTICLES OF INCORPORATION

The Undersigned Incorporator, for the purposes of forming a corporation pursuant to Chapter

AM 10: 36

SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the Corporation shall be: Center for Ankle and Foot Surgery, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation shall be 2430-B East Commercial Blvd., Ft. Lauderdale, FL 33308.

ARTICLE III - CAPITALIZATION

The aggregate number of shares that the Corporation is authorized to have outstanding at any one time is One Thousand (1000). Such shares shall be of a single class and shall have a par value of One (\$1.00) Dollar per share.

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The street address of the Initial Registered Office of the Corporation is 2430-B East Commercial Blvd., Ft. Lauderdale, FL 33308, and the name of its Initial Registered Agent at such address is Eric S. Harmelin.

ARTICLE V - INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is: Eric S. Harmelin, 2430-B East Commercial Blvd., Ft. Lauderdale, FL 33308.

ARTICLE VI - DIRECTORS

The number of directors constituting the initial Board of Directors is one (1). The name and address of such persons who are to serve as members of the Initial Board of Directors are Eric S. Harmelin, 2430-B East Commercial Blvd., Ft. Lauderdale, FL 33308.

ARTICLE VII - PURPOSE OR PURPOSES

The general purposes for which the Corporation is organized are:

1. To engage in the business of the practice of Podiatric Surgery and Medicine.

2. To engage in any of	her trade or business which can, in the opinion of the officers or directors
of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing	
business.	
3. To do such other thi	ings as are incidental to the foregoing or necessary in order to accomplish
the foregoing.	
Executed by the unders	signed on this, day of, 2002, 2002
STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)
BEFORE ME, the undersigned authority, personally appeared	

Notary Public State of Florida

ary Public
e of Florida

Generalisa of Piocher Gelege
Expires Hey 23, 23, 23
Bondod Tion
Atlantic Bonding Co., Inc.

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Matt

My commission expires:

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.

Dated: 5/7/02

Eric S. Harmelin, D.P.M.

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SECRETARY OF STATE
AND AHASSEE FLORIDA