

PO2000111636
TRANSMITTAL LETTER

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

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-10/15/02--01022--004
*****87.50 *****87.50

SUBJECT: BAY AREA PODIATRY, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL E. DOMIS
Name (Printed or typed)

880 MANDALAY AVE # C409
Address

CLEARWATER FL 33767
City, State & Zip

(727) 804-3668
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 15 PM 3:15

FILED

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

Michael Domis GAVE
AUTHORIZATION BY PHONE TO
CORRECT NAMING
DATE 10/16/02
DOC. EXAM [Signature]

10/16/02

FILED

ARTICLES OF INCORPORATION

In compliance with chapter 607 and/or Chapter 621, F.S (Profit) 02 OCT 15 PM 3: 15

Professional Association

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation name shall be Bay Area Podiatry, *PA*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is 880 Mandalay, C409, Clearwater Beach, FL 33767

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide healthcare services related to the lower extremity

ARTICLE IV SHARES

The number of stock is 1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

Michael Domis 880 Mandalay #C409, Clearwater Beach, FL 33767 - President
Carrie Domis 880 Mandalay #C409, Clearwater Beach, FL 33767 - Secretary

ARTICLE VI REGISTERED AGENT

Michael Domis 880 Mandalay #C409, Clearwater Beach, FL 33767 - President

ARTICLE VII INCORPORATOR

Michael Domis 880 Mandalay #C409, Clearwater Beach, FL 33767 - President

.....
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael Domis 10/5/02
Signature/Registered Agent Date

Michael Domis 10/5/02
Signature/Incorporator Date