

P03000111600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

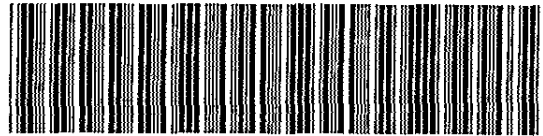
(Business Entity Name)

(Document Number)

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03 OCT -6 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-28132  
TS  
10/9/03



9-24-03

Name of Incorporation:

South West Foot & Ankle Specialist, P.A.

Filing Fee \$ 122.50

Please mail Articles BACK to This Address:

M.L.J. TAX & ACCOUNTING, INC.  
3140 SHERWOOD BLVD.  
DELRAY BEACH, FL 33445

Office # is - 561-637-4007

I Apologize, I did Not have A  
transmittal sheet.

Thank-You

Marin Cokmaki



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 30, 2003

M.L.J. TAX & ACCOUNTING, INC.  
3140 SHERWOOD BLVD  
DELRAY BEACH, FL 33445

SUBJECT: SOUTH WEST FOOT & ANKLE SPECIALIST, P.A.  
Ref. Number: W03000028032

We have received your document for SOUTH WEST FOOT & ANKLE SPECIALIST, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 245-6927.

Tracy Smith  
Document Specialist  
New Filings Section

Letter Number: 803A00053806

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03 OCT -6 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

South West Foot & Ankle Specialist, P.A.

Purpose: FOOT AND ANKLE  
Specialist.

### ARTICLE II PRINCIPAL OFFICE

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

3500 N. State Road 7  
Suite #99  
Lauderdale Lakes, FL 33319

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

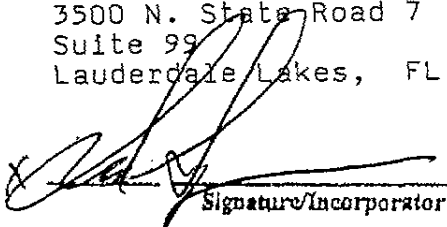
The name and Florida street address of the initial registered agent are:

Ira Spinner, DPM  
3500 N. State Road 7  
Suite 99  
Lauderdale Lakes, FL 33319

### ARTICLE V INCORPORATOR

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

Ira Spinner, DPM  
3500 N. State Road 7  
Suite 99  
Lauderdale Lakes, FL 33319

  
Signature/Incorporator

August 31, 2003

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

(An additional article must be added if an effective date is requested.)

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/Registered Agent

August 31, 2003

Date