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(Requestor's Name)

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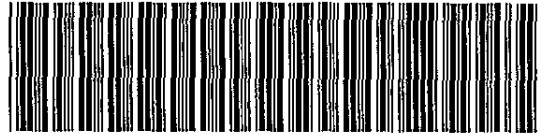
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

05 JUL 20 AM 9:21

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7/21/05 BDK

WDS- 33380

## TRANSMITTAL LETTER

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

SUBJECT: PAUL E. GREGGOLINE, DPM P.A.  
(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: PAUL E. GREGGOLINE DPM  
Name (Printed or typed)

3801 SOUTH OLEAN DRIVE #15-S  
Address

Hollywood FL 33019  
City, State & Zip

954-457-5539  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 12, 2005

PAUL E. GREGOLINE DPM  
3801 SOUTH OCEAN DRIVE #15-S  
HOLLYWOOD, FL 33019

SUBJECT: PAUL E. GREGOLINE, DPM, INC. P.A.  
Ref. Number: W05000033380

We have received your document for PAUL E. GREGOLINE, DPM, INC. P.A. 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 only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If you want to have a PA suffix, then please take off Inc in your corporation's name.

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) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 405A00045983

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05 JUL 20 AM 8:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

05 JUL 20 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PAUL E. GREGOLINE, DPM, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3801 SOUTH OCEAN DRIVE STE #15-S  
Hollywood FL 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MOBILE PODIATRIC MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares at 1.00 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PAUL E. GREGOLINE, DPM. 3801 S. Ocean Drive STE 15-S, President  
Hollywood FL 33019

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

3801 S. Ocean Drive STE 15-S  
Hollywood FL 33019 Paul Gregoline DPM

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Paul Gregoline DPM, 3801 S. Ocean Drive STE 15-S  
Hollywood FL 33019

\*\*\*\*\*

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

Paul E. Gregoline DPM  
Signature/Registered Agent

7-8-2005  
Date

Paul E. Gregoline DPM  
Signature/Incorporator  
PAUL E. GREGOLINE DPM

7-8-2005  
Date