

P05000110522

(Requestor's Name)

(Address)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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13-240

TRANSMITTAL LETTER

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

SUBJECT: AMBULATORY FOOT CLINIC, INC.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CAPOROSSO & ASSOCIATES
Name (Printed or typed)

213 WEST MAIN STREET
Address

SHARPSVILLE, PA 16150
City, State & Zip

724-962-1005
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

AMBULATORY FOOT CLINIC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4108 SW WEBB STREET
PORT ST. LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE ORGANIZATIONAL OPERATION OF PRIMARY CARE OPERATIONS
IN THE EASTERN REGIONS OF THE UNITED STATES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTHONY F ROSSI - PRESIDENT
4108 SW WEBB STREET
PORT ST. LUCIE, FL 34953

ARTICLE VI REGISTERED AGENT

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

ANTHONY F ROSSI
4108 SW WEBB STREET
PORT ST LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY F ROSSI
4108 SW WEBB STREET
PORT ST. LUCIE, FL 34953

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

Anthony F Rossi
Signature/Registered Agent

8/3/2005
Date

Anthony F Rossi
Signature/Incorporator

8/3/2005
Date