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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

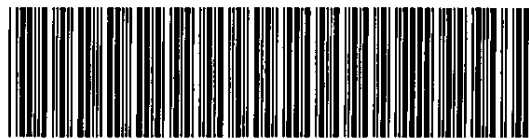
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LAW OFFICES
SEYBURN, KAHN, GINN,
BESS AND SERLIN
PROFESSIONAL CORPORATION

2000 TOWN CENTER, SUITE 1500, SOUTHFIELD, MICHIGAN 48075-1195

TELEPHONE (248) 353-7620
FACSIMILE (248) 353-3727

BRUCE H. SEYBURN
BRUCE S. KAHN¹
JAMES M. GINN
BARRY R. BESS
JOEL H. SERLIN
GORDON S. GOLD
MARK S. COHN
HAROLD R. OSEFF
LESLIE STEIN
BARRY M. ROSENBAUM
TOVA SHABAN

ALAN M. STILLMAN
HENRY M. NIRENBERG, LL.M.
RICHARD E. BAKER
RONALD L. CORNELL, JR.²
DAVID C. MAY
MICHAEL N. SANTEUFEMIA
BARRY R. POWERS
MARGUERITE M. DONAHUE
JENNIFER SCHOATS FLACK^{3,4}
JULIE C. CANNER
JOSEPH W. LASH

JAY Y. MANDEL^{5,6}
MARC E. SEYBURN
MICHAEL D. MEZEY
LAURA E. BLOOM¹
L. DAMON WHITMORE
SCOTT A. SMALL¹
STEVEN L. KNOX, LL.M.⁵
DUNCAN P. OGLVIE
KIMBERLY M. OSLER
MICHELLE R. PURICELLI
STUART M. SCHWARTZ

OF COUNSEL
STEVEN ALEXSY¹
DALE R. CAMPBELL
BRADLEY F. SCOBEL
CHERYL SCOTT DUBE
CAROLYN SCHWARZ TISDALE^{7,8}

COUNSEL
DAVID J. LIBBERMAN

¹ALSO MEMBER OF CALIFORNIA BAR
²ALSO MEMBER OF NORTH CAROLINA BAR
³ALSO MEMBER OF MINNESOTA BAR
⁴ALSO MEMBER OF ILLINOIS BAR
⁵ALSO MEMBER OF DISTRICT OF COLUMBIA BAR
⁶ALSO MEMBER OF MARYLAND BAR
⁷ALSO MEMBER OF OHIO BAR
⁸ALSO MEMBER OF NEW YORK BAR
⁹ALSO MEMBER OF CONNECTICUT BAR

October 25, 2006

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

**Re: LB Podiatry, P.A.
Articles of Incorporation**

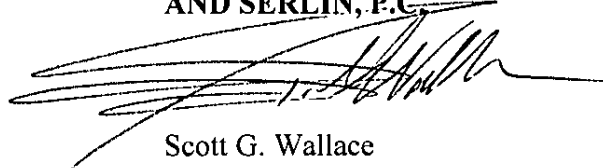
Dear Sir/Madam:

Enclosed please find an original and one copy of the Articles of Incorporation for LB Podiatry, P.A., along with a check in the amount of Seventy Eight and 75/100 (\$78.75) Dollars.

If you need anything further, please feel free to contact me.

Sincerely,

SEYBURN, KAHN, GINN, BESS
AND SERLIN, P.C.



Scott G. Wallace

SGW/jlk
Enclosures

COVER LETTER

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

SUBJECT: LB PODIATRY, 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: Kenneth D. Poss, D.P.M.

Name (Printed or typed)

4800 Linton Boulevard, Suite 301

Address

Delray Beach, Florida 33445

City, State & Zip

(561) 499-5757

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LB Podiatry, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4800 Linton Boulevard, Suite 301
Delray Beach, Florida 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of foot and ankle medicine.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1,000) shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kenneth D. Poss, D.P.M.
President, Secretary, Treasurer, Director
4800 Linton Boulevard, Suite 301
Delray Beach, Florida 33445

ARTICLE VI REGISTERED AGENT

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

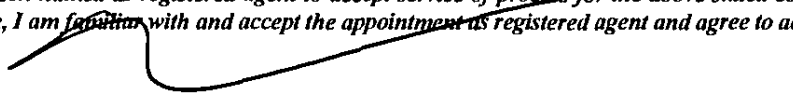
Kenneth D. Poss, D.P.M.
4800 Linton Boulevard, Suite 301
Delray Beach, Florida 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Kenneth D. Poss, D.P.M.
4800 Linton Boulevard, Suite 301
Delray Beach, Florida 33445

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 ~~forthwith~~ with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/26/06
Date
8/26/06
Date



Signature/Incorporator