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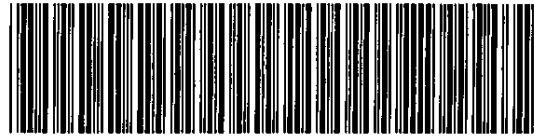
(Business Entity Name)

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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  
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COUNSEL  
DAVID J. LIBBERMAN

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<sup>5</sup>ALSO MEMBER OF DISTRICT OF COLUMBIA BAR  
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<sup>9</sup>ALSO 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**

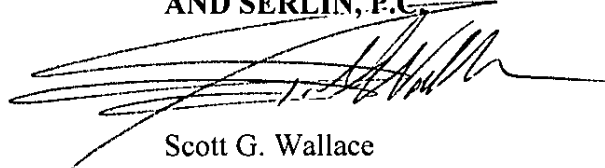
Dear Sir/Madam:

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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06 OCT 30 PM 5:14  
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

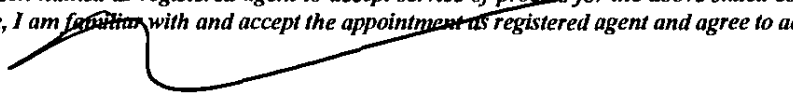
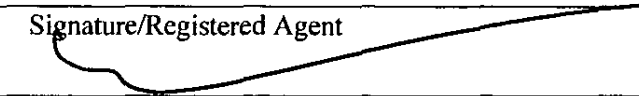
**ARTICLE VI REGISTERED AGENT**

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  
  
  
\_\_\_\_\_  
Signature/Incorporator

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