

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000022234 3)))



H090000222343ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

*Resubmit*

**FILED**  
09 FEB -9 AM 10:38  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
09 FEB -9 PM 12:32

**FLORIDA PROFIT/NON PROFIT CORPORATION**

Wound Care Specialists of Southwest Florida, PA

Certificate of Status	1
Certified Copy	0
Page Count	05 04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

*MRS 2/10*

850-817-8981

2/6/2009 3:00

PAGE 001/001

Florida Dept of State



February 6, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

\*\*\*HUBCO\*\*\*

SUBJECT: WOUND CARE SPECIALISTS OF SOUTHWEST FLORIDA, PA  
REF: W09000005954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

We can't read the last two pages of this document.

Please return the corrected 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) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000022234  
Letter Number: 109A00004352

P.O. BOX 6327 - Tallahassee, Florida 32314

H09000022234

**ARTICLES OF INCORPORATION**  
**OF**

**WOUND CARE SPECIALISTS OF SOUTHWEST FLORIDA, PA**  
**16440 S. TAMiami TRAIL, UNIT 5**  
**FORT MYERS, FL 33908**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: **WOUND CARE SPECIALISTS OF SOUTHWEST FLORIDA, PA**

The principle place of business of this corporation shall be:  
**16440 S. TAMiami TRAIL, UNIT 5**  
**FORT MYERS, FL 33908**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation. The specific purpose for this Professional Corporation is the Practice of Podiatry.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

**GREG D. POUND, PRES./DIR.**  
**16440 S. TAMiami TRAIL, UNIT 5**  
**FORT MYERS, FL 33908**

FILED  
09 FEB -9 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000022234

H09000022234

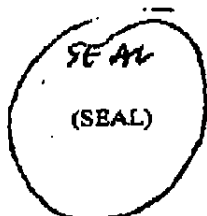
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

GREG D. POUND.  
16440 S. TAMiami TRAIL, UNIT 5  
FORT MYERS, FL 33908

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these  
Articles of Incorporation the 30th day of January, 2009.

Signature(s) of incorporator(s)



H09000022234

H09000022234

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: WOUND CARE SPECIALISTS OF SOUTHWEST FLORIDA, PA
2. The name and address of the registered agent and office is:

WOUND CARE PRES/DIR 16440 S TAMMAMITRAIL UNIT 5 FORT MYERS FL  
33908

SIGNATURE

(CORPORATE OFFICER)

TITLE President

DATE January 30, 2009

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE January 30, 2009

FILED  
09 FEB -9 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000022234