

P13000047720

Florida Department of State
Division of Corporations
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H130001201293ABCT

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

From: Account Name : AVERITT & CO PA
Account Number : I20110000077
Phone : (904) 998-8360
Fax Number : (904) 758-0546

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

BAVERITT@ACLEGAL.NET

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13 MAY 31 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CLAY COUNTY PODIATRY ASSOCIATES, PA**

Certificate of Status	0
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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H130001201293

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

CLAY COUNTY PODIATRY ASSOCIATES, P.A.

MAY 31 PM 1:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different from

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5733 PINE AVENUE

FLEMING ISLAND, FL 32003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN THE PRACTICE OF PODIATRIC MEDICINE AND ANY LAWFUL

ACT OR ACTIVITY FOR WHICH A PROFESSIONAL SERVICE CORPORATION ENGAGED IN SUCH PROFESSION MAY BE

ORGANIZED UNDER THE PROFESSIONAL SERVICE CORPORATION AND LIMITED LIABILITY COMPANY ACT AND IN WHICH

SUCH A CORPORATION IS PERMITTED TO ENGAGE UNDER OTHER APPLICABLE LAW. IN FURTHERANCE OF ITS

CORPORATE PURPOSES, THE CORPORATION SHALL HAVE ALL OF THE GENERAL AND SPECIFIC POWERS AND

RIGHTS GRANTED TO AND CONFERRED ON A CORPORATION BY THE PROFESSIONAL SERVICE CORPORATION AND LIMITED LIABILITY

COMPANY ACT.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. JEFFREY SCHOEN, DIRECTOR AND PRESIDENT

Address: 5733 PINE AVENUE

FLEMING ISLAND, FL 32003

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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(cont.)

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13 MAY 31 PM 1:51

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DR. JEFFREY SCHOEN

Address: 5733 PINE AVENUE
FLEMING ISLAND, FL 32003

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. JEFFREY SCHOEN

Address: 5733 PINE AVENUE
FLEMING ISLAND, FL 32003

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

Required Signature/Registered Agent

5/30/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

5/30/2013

Date

H130001201293