

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

CSC networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

P95000005740

RECEIVED

95 JAN 23 PM 11:35

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 528619 82150A

AUTHORIZATION :

COST LIMIT : \$ 122.50

Patricia Pizzato

ORDER DATE : January 23, 1995

ORDER TIME : 10:19 AM

ORDER NO. : 528619

CUSTOMER NO: 82150A

000001386340

CUSTOMER: Mr. Marc Moel
XL CORPORATE SERVICES

62 White Street

New York, NY 10013

DOMESTIC FILING

NAME: MIAMI PODIATRY GROUP, INC.

XX ☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS: _____

FILED
1995 JAN 23 PM 2:53
SECRET
TALLAHASSEE, FL 32301

*906, 1/23/95
P95-5740*

ARTICLES OF INCORPORATION
OF
MIAMI PODIATRY GROUP, INC.

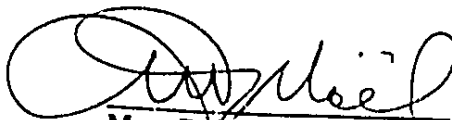
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1995 JAN 23 PM 2:53
SEAL
TALLAHASSEE, FLORIDA

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607 of the revised Florida Statutes, herewith submits the following information:

1. The name of the corporation is **MIAMI PODIATRY GROUP, INC.**
2. The duration of the corporation shall be perpetual.
3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this chapter.
4. The aggregate number of shares which the corporation shall have authority to issue is **1000** shares, all without par value and of one class.
5. The principal address and mailing address of the corporation will be **871 Northeast 195 Street, North Miami Beach, FL 33178**, and the name of its initial registered agent at such address is **Steven Gershbein, Esq.**
6. The number of directors constituting the initial board of directors is **one** and the name and address of each person who is to serve as a member thereof is as follows:
Daryl Gershbein
871 Northeast 195 Street
North Miami Beach, FL 33178
7. The name and address of the sole incorporator is:
Marc D. Moel
XL Corporate Services, Inc.
62 White Street
New York, NY 10013

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

Date: 1/19/98



Marc D. Moel
Sole Incorporator

STATE OF NEW YORK

COUNTY OF NEW YORK

I HEREBY CERTIFY, that on this day, before me, a Notary Public duly authorized in the state and county named above to take acknowledgements, personally appeared to me Marc D. Moel, known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state named above this 19th day of January, 1998.



Notary Public

ARTHUR H. MCGUIRE
Notary Public, State of New York
No. 31-4700219
Qualified in New York County
Commission Expires October 31, 1998

ACCEPTANCE OF APPOINTMENT


AS

REGISTERED AGENT

FILED
1995 JAN 23 PM 2:54
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby accept appointment as Registered Agent of the within named corporation.

Dated: 1/18/95



STEVEN GERSHBEIN, ESQ.
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005740**

1. Corporation Name

MIAMI PODIATRY GROUP, INC.

Principal Place of Business

871 NE 195TH ST.
NORTH MIAMI BEACH FL 33178

Mailing Address

871 NE 195TH ST.
NORTH MIAMI BEACH FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

1. Date Incorporated or Qualified
To Do Business in Florida

01/23/1985

5. Fil Number

65-0538074

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GERSHBEIN, DARYL	871 NE 195TH ST.	NORTH MIAMI BEACH FL 33178

400002046024--8
-01/03/97--01178--024
***375.00 ***375.00

JB12-31-96

8. Name and Address of Current Registered Agent

GERSHBEIN, STEVEN
871 NE 195TH ST.
NORTH MIAMI BEACH FL 33178

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-20-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-96

Date

Daytime Phone #

3059339067