

TRANSMITTAL LETTER

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

FILED
95 AUG 23 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: TOTAL FOOT CARE, P.A.
(Proposed corporate name - must include suffix)

100001567871
-08/24/95--01002--019
*****73.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Ian Klein, D.P.M.

Name (printed or typed)

7331 Ninth Street North

Address

St. Petersburg FL 33702

City, State & Zip

(813) 527-1249

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

TOTAL FOOT CARE, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7331 Ninth Street North
St. Petersburg FL 33702

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 common, no par value, voting

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ian Klein, D.P.M.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ian Klein, D.P.M.
7331 Ninth Street North
St. Petersburg FL 33702

ARTICLE VI PURPOSE

The purpose of this corporation/professional association is to engage in the medical practice of podiatry.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of August, 19 95.



IAN KLEIN, D.P.M. Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

FILED
55 AUG 23 1995
TALLAHASSEE
STATE OF FLORIDA

1. The name of the corporation is: TOTAL FOOT CARE, P.A.

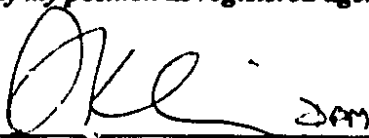
2. The name and address of the registered agent and office is:

IAN KLEIN, D.P.M.
(NAME)

7331 Ninth Street North
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

St. Petersburg FL 33702
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

August 22, 1995
(DATE)