

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

904-222-0071

FLORIDA STATE BAR



ACCOUNT NO. : 072100000032

REFERENCE : 681134 121767A

AUTHORIZATION : 01

7000001588747

COST LIMIT : \$ 122.50

ORDER DATE : September 13, 1995

ORDER TIME : 9:28 AM

ORDER NO. : 681134

CUSTOMER NO: 121767A

CUSTOMER: Martin J. Genauer, Esq
KARP & GENAUER, P.A.

Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

DOMESTIC FILING

NAME: KENDALL PODIATRY ASSOCIATION,
P.A.

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: Jennifer Moran

EXAMINER'S INITIALS:

T. BROWN SEP 13 1995

FILED
SEP 13 1995
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
KENDALL PODIATRY ASSOCIATES, P.A.

FILED
95 SEP 13 PM 3:56
SECRET
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, hereby forms a professional association organized as a corporation under the laws of the State of Florida (the "Corporation").

ARTICLE I

NAME

The name of the Corporation is KENDALL PODIATRY ASSOCIATES, P.A.

ARTICLE II

PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the Corporation's principal office and mailing address is Suite 109, 8720 No. Kendall Drive, Miami, Florida 33176.

ARTICLE III

DURATION AND COMMENCEMENT OF CORPORATE EXISTENCE

The Corporation shall exist perpetually. The corporate existence shall commence on the date of filing of these Articles of Incorporation.

ARTICLE IV

NATURE OF BUSINESS

The Corporation is organized for the purpose of providing podiatric services through its officers, employees and agents who are duly licensed or otherwise legally authorized to render such podiatric services within the State of Florida, and such other activities necessary for the rendering of such services as are

permitted pursuant to Chapter 621 of the Florida Statutes.

ARTICLE V

CAPITAL STOCK

The Corporation is authorized to have outstanding one class of stock, to be designated as Common Stock. The maximum number of shares of Common Stock which the Corporation is authorized to have outstanding is 1,000 shares of Common Stock of a par value of \$1.00 per share. Holders of Common Stock are entitled to vote on all questions required by law on the basis of one vote per share and there shall be no cumulative voting.

ARTICLE VI

INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the Corporation is Alhambra Registered Agents, Inc. The street address of the initial registered office of the Corporation in the State of Florida is 2 Alhambra Plaza, Suite 1202, Coral Gables, Florida 33134.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) initial director. The number of directors may be increased or decreased from time to time in the manner provided in the bylaws of the corporation.

ARTICLE VIII

INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is Alhambra registered Agents, P.A., 2 Alhambra Plaza, Suite 1202, Coral Gables, Florida 33134.

ARTICLE IX

BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE X

INDEMNIFICATION

The corporation shall indemnify, to the full extent permitted by law, the Incorporator, any officer or director of the corporation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation of KENDALL PODIATRY ASSOCIATES, P.A., this 12th day of September, 1995.

ALHAMBRA REGISTERED AGENTS, P.A.
Incorporator

By: Mart J. Genauer
Name: Martin J. Genauer
Title: Vice President

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Martin J. Genauer, known to me to be the person who executed the foregoing Articles of Incorporation of KENDALL PODIATRY ASSOCIATES, P.A., on behalf of Alhambra Registered Agents, P.A., Incorporator.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, in the State and County aforesaid, this 12th day of September, 1995.



RICHARD LEVINE
My Commission 00000061
Expires Aug. 07, 1998
Bonded by HAI
800-422-1506

A handwritten signature in cursive script, appearing to read "Richard Levine", written over a horizontal line.

NOTARY PUBLIC
State of Florida

My Commission Expires: 8/7/98

CERTIFICATE OF DESIGNATION AND
ACCEPTANCE OF REGISTERED AGENT

FILED
95 SEP 13 PM 3:56
SECRET
TALLAHASSEE, FLORIDA

KENDALL PODIATRY ASSOCIATES, P.A., a Florida professional association, desiring to organize as a corporation pursuant to Florida Statutes, with its registered office as indicated in the Articles of Incorporation in the City of Coral Gables, County of Dade, State of Florida, has named Alhambra Registered Agents, Inc. having an address at 2 Alhambra Plaza, Suite 1202, Coral Gables, Florida 33134 as its registered agent within the State.

A C K N O W L E D G M E N T

Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, the undersigned hereby agrees to act in that capacity and agrees to comply with the provisions of the Florida Statutes relative thereto.

Dated this 12th day of September, 1995.

ALHAMBRA REGISTERED AGENTS, INC.

By: Martin J. Genauer
Martin J. Genauer
Vice-President

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P95000070696

1. Corporation Name
KENDALL PODIATRY ASSOCIATES, P.A.

2. Principal Place of Business

8720 N. KENDALL DRIVE
SUITE 109
MIAMI FL 33176

Mailing Address

8720 N. KENDALL DRIVE
SUITE 109
MIAMI FL 33176

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

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1. Name

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

1. T/T/S MARK HINKES

12301 SW 141 ST.

MIAMI FL 33176

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1995

5. FEI Number

65-0616782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status.

500001998735--8
-11/07/96--01029--007
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA
SUITE 1202
CORAL GABLES FL 33134

REINSTATEMENT

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if Acceptable)

State, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above corporation, do hereby accept and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

By: Martin Genack, V.P.
REGISTERED AGENT MUST SIGN

Date 10/21/96

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 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)(i), 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:

Mark Hinkes MARK HINKES DAM

Date

10/25/96 305-598-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR