P96000001344

TRANSMITTAL LETTER

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

SUBJECT: ROBERT J. GRASST. D.P.M. P.A.

(Proposed corporate name - must include suffix)

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

\$70.00 \$78.75 \$(\$122.50 \$131.25)

FROM: ROSEKT J. GRASST D.P.M. P.A.

Name (printed or typed)

13848 US HWY I

Address

SERASTIAN FZA. 32958

City, State & Zip

Filing Fee

& Certified Copy

Alist T Hassigave Daytime Telephone number 500001674285

Filing Fee & Certificate

CORRECT CAR December 1 - 5 : 9 6

Filing Fee

DOC. EXAM____BAC_____

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

B. REGISTER JAN 5 1996 189, 630, 206, 671

Filing Fee, Certified Copy

& Certificate



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.

ARTICLE | NAME

The name of the corporation shall be:

ROBERT J. GRASSI, D.P.M., P.A.

To provide services as a podiatrist.

ARTICLE II PRINCIPAL OFFICE

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

US HWY 13848

SEBASTIAN, FZA.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT J. GRASSI 13848 US HWY 1

SEBASTOAN, FLA. 32958

ARTICLE V INCORPORATORISI

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

ROBERT J. GRASSI 13848 US HWY I SEBASTIAN, FZA. 32958

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

Dec 17 day of Derenker, 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The nan	me of the corporation is: ROBERT J. CASSI	<u>D.P.M., P.A</u> .
2. The nan	ne and address of the registered agent and office is:	
	ROBERT J. GRASSI	
	/3848 US HWY / (P.O. Box not acceptable)	EC 29 MI
	SEBASTIAN FLA. 32958 (City/State/Zip)	II: 35
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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.

X Robert Grani 12/27/95
(Signature) (Date)