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ACCOUNT NO. : 072100000032 REFERENCE: 226336 145575A AUTHORIZATION: COST LIMIT : \$ 70.00 ORDER DATE: January 17, 1997 ORDER TIME : 12:09 PM ORDER NO. : 226336-005 000002062280--9 CUSTOMER NO: 145575A CUSTOMER: Mr. Bob Bernard C.P.A.S.I. ACCOUNTING SERVICES, INC. P. O. Box 3050 Delray Beach, FL 33444 DOMESTIC FILING NAME: COLE PODIATRY CENTER, P.A. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

January 21, 1997

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301-2607

SUBJECT: COLE PODIATRY CENTER, INC. P.A.

Ref. Number: W97000001436

We have received your document for COLE PODIATRY CENTER, INC. P.A. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please remove one of the suffixes in the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 497A00002830

RESUBMIT

PACAMAN TORIOR

Please give original submission date as file date.

RECEIVED

ARTICLES OF INCORPORATION OF

COLE PODIATRY CENTER,

PARAMITED

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ration

The Undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation.

ARTICLE I

Name_

The name of this corporation is:

COIE PODIATRY CENTER,

P.A.

ARTICLE II

Duration

This corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

ARTICLE III PURPOSE

This corporation may engage in any activity of business permitted under the laws of the State of Florida, its primary purpose to be: Popiatric MEDICINE

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue \oo shares of \$ \o - Par Value common stock.

ARTICLE V PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as can be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation is

5340 GULF DRIVE SUITE 201 New Port Richey FLA 34652 ARTICLE VII

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is

TAMPA FOR 32629, and the name of the initial registered agent of this corporation at this address is

NICOLE N. 1) DROPT: M

ARTICLE VIII
INITIAL BOARD OF DIRECTORS

Nicole M. URRUTIA 109 68 2366 3218 BARCELONA &T TAMPA, FLA 33629

<u>INCORPORATOR</u>

The names and addresses of the persons signing these Articles are:

Nicole M. URRUTIA 109 68 2366 326 BARCOLONA ST. TAMPA, FLA 33629

ARTICLE X BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XI AMMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Stockholders is subject to this reservation.

The und Article	lersigned es of Inco	incorporator rporation th	(s) has(have) ex is	ecuted these
	29	day of	November	,19 <u>9b</u>
		. 1		
	(D)	Miratori	Much	
		A WWW XXX 1-1	Signature	

Signature

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.

The name and address of the registered agent and office is:
N, cole M. URRUTIA
(Name)
3218 BARCELONA ST
(P.O. Box NOT acceptable)
TAMPA F14 33629
TAMPA FLA 33629 (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 this 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 DILLIUM

DATE

FILED

97 JAN 17 PH 2: 4

SECR.
KALLAHASSEE, FLORID

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314