

PG70000036345  
TRANSMITTAL LETTER

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

800002131188--3  
-04/02/97--01059--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CLIFFORD O'CONNOR 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLIFFORD O'CONNOR D.P.M.  
Name (Printed or typed)

600 EAST 25 STREET  
Address

SUITE-D  
ITALAWAH, FL 33013  
City, State & Zip

(305) 836-0000  
Daytime Telephone number

97 APR 23 PM 1:22  
SECRET  
TALLAHASSEE, FLORIDA

FILED

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

6970 14656



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 2, 1997

CLIFFORD O' CONNOR  
600 EAST 25TH STREET  
SUITE D  
HIALEAH, FL 33013

SUBJECT: CLIFFORD O' CONNOR D.P.M. P.A.  
Ref. Number: W97000007687

We have received your document for CLIFFORD O' CONNOR D.P.M. P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ARTICLES OF INCORPORATION WERE NOT SENT WITH THE FILING FEE THE ONLY PAGE RECIEVED WAS THE TRANSMITTAL LETTER. YOU NEED TO SEND THE ARTICLES.

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 697A00016656



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

April 14, 1997

CLIFFORD O' CONNOR  
600 EAST 25TH STREET  
SUITE D  
HIALEAH, FL 33013

SUBJECT: CLIFFORD O' CONNOR D.P.M. P.A.  
Ref. Number: W97000007687

We have received your document for CLIFFORD O' CONNOR D.P.M. P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 697A00016656

## 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.*

THE NATURE OF BUSINESS IS A MEDICAL PRACTICE

### ARTICLE I NAME

The name of the corporation shall be:

CLIFFORD O'CONNOR D.P.M.; P.A.

### ARTICLE II PRINCIPAL OFFICE

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

600 EAST 25 STREET  
SUITE-D  
HIALEAH, FL 33013

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TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

FIVE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CLIFFORD O'CONNOR D.P.M.  
600 EAST 25 STREET  
SUITE-D  
HIALEAH, FL 33013

**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):

CLIFFORD O'CONNOR DPM  
600 EAST 25 STREET  
SUITE - D  
HIALEAH, FL 33013

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

9 day of APRIL, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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.

1. The name of the corporation is CLIFFORD O'CONNOR D.P.M.; P.A.

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

CLIFFORD O'CONNOR D.P.M.; P.A.  
(NAME)

600 EAST 25<sup>TH</sup> STREET  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

TALLAHASSEE, FL 323013  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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)

4/19/97  
(DATE)