PGTUDDE 9-965

97 AUG 12 AM In: 10

TALLAHASSEE, FLORIDA

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

SUBJECT: Pe du	atric 18	lear theore	Centers, J	Inc.
(Pro	posed corporate n	name - must include su	uffix)	
Enclosed is an original	and one (1) co	py of the articles o	埃米米米	2265088 3 2/9701090003 131.25 ****131.25 and a check
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate by Required	
FROM:		C. Moody (printed or typed)	IM-D	
	68	East Ma	in Stree	۲
		y, State & Zip	/ 32703	
	UO	7) 293 7 19 (4	

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

ARTICLES OF INCORPORATION 97 AUG 12 AMID: 10

TALLAHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be:

Podiatric Healthcare (enters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

68 East main Street Apopka, FL 32703

ARTICLE III SHARES

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

| Stores at \$1.00 each

Toni C. Moody, M.D. 510 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Toni C. Moody, M.D. 68 East Main street Apopka, FL 32703

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):

Toni C. Mosay, M.D. 68 East Main Street Apopka, FL 32703

The undersigned incorporator(s) has(have) ex	ecored ruese virucies of Theorboration in
DL # M300803628460	Moody, M.D. Signature ()
	Signature
	Signature

designation of officers.

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

SHAFION D SOMNER My Commission CC313027

My Commission CC313827
Expires Bep. 08, 1907
Bonded by HAI
800-422-1855

MACHINE D. Somme
Exp: Syt. 8, 1997

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 12 AM IO: 10

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA AND THE STATE OF 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:	Pediatric Heauthcare	Inc Centers Ton
2. The name and address of the regi	stered agent and office is: C. Moody, M.D.	-
<i>(or EC</i> (P.O. E	OST Main STREET Box or Mail Drop Box NOT ACCEPTABLE)	
Αρο	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.

DLH-M300803628460 (SIGNATURE) (DATE) (DATE)



SHARON D SOMNER My Commission G0313827 Expires Sep. 06, 1997 Bonded by HAI 800-422-1858

Charin O. Sonne Exp. Sept 8 pm

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