

P98000000729

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

SUBJECT: ANKLE ARTHROSCOPIC ASSOCIATES,  
(Proposed corporate name - must include suffix) PROFESSIONAL ASSOCIATION

500002376215--1  
-12/18/97--01015--016  
\*\*\*\*131.25 \*\*\*\*131.25

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: Chris Mason  
Name (Printed or typed)

4106 LAKE MARY BLVD  
Address

LAKE MARY FL 32746  
City, State & Zip

407 3333668  
Daytime Telephone number

98 JAN -2 PM 4:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

630

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

W97-28401  
Dmc  
12/22/97

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 22, 1997

CHRIS MASON  
4106 LAKE MARY BLVD.  
LAKE MARY, FL 32746

SUBJECT: ANKLE ARTHROSCOPIC ASSOCIATES, PROFESSIONAL  
ASSOCIATION  
Ref. Number: W97000028401

We have received your document for ANKLE ARTHROSCOPIC ASSOCIATES, PROFESSIONAL ASSOCIATION and your check(s) totaling \$131.25. 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 the original and one copy of 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 (850) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 097A00059943

FILED  
98 JAN -2 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ANKLE ARTHROSCOPIC ASSOCIATES. PROFESSIONAL ASSOCIATION

### ARTICLE II PRINCIPAL OFFICE

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

4106 LAKE MARY BLVD LAKE MARY FL. 32746

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

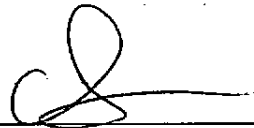
The name and Florida street address of the initial registered agent are:

CHRIS MASON  
4106 LAKE MARY BLVD LAKE MARY FL 32746

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CHRIS MASON 4106 LAKE MARY BLVD LAKE MARY  
FL. 32746



Signature/Incorporator

12/1/97

Date

### ARTICLE VI

Business practice of podiatry

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

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/Registered Agent

12/1/97

Date