

P98000005809

TRANSMITTAL LETTER

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

500002404855--0
-01/20/98--01084--002
*****70.00 *****70.00

SUBJECT: DOCTORS FOOT AND ANKLE CLINIC, PA
(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: ANDREA SCHULMAN
Name (Printed or typed)
9905 MALVERN DRIVE
Address
TAMARAC, FL 33321
City, State & Zip
954 722-9209
Daytime Telephone number

FILED
98 JAN 20 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9/1-20-98

FILED

98 JAN 20 PM 3:04

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: DOCTORS FOOT & ANKLE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

9905 MALVERN DRIVE, TAMARAC, FL 33321

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:

ANDREA SCHULMAN
9905 MALVERN DRIVE, TAMARAC, FL 33321

ARTICLE V INCORPORATOR

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

ANDREA SCHULMAN
9905 MALVERN DRIVE, TAMARAC, FL 33321

Article VI Incorporated to render podiatric medicine and surgery

Andrea Schulman

Signature/Incorporator

1/19/98

Date

(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

Andrea Schulman

Signature/Registered Agent

1/19/98

Date