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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: EAST HIALEAH FOOT CLINIC, INC.
AUDIT NUMBER.....H98000012246

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES.....

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 2, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: EAST HIALEAH FOOT CLINIC, INC
REF: W98000015163

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU MUST FILL IN THE NUMBER ONE IN ARTICLE EIGHT FOR THE NUMBER OF INITIAL DIRECTORS.

If you have any further questions concerning your document, please call (850) 487-6926.

Tracy Augsburg
Document Specialist

FAX Aud. #: H98000012246
Letter Number: 498A00035859

ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is EAST HIALEAH FOOT CLINIC, INC

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

- 1.- To engage in the business of PODIATRIST
- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3.- To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREPARED BY: ASHLAND ASSURANCE, INC
AILIN TURBAY
608 N.W 57th AVE
MIAMI, FL 33126
(305) 262-4053

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 5911 FILLMORE ST # 1 HOLLYWOOD FL, 33021.

and the name of its initial registered agent is
AILIN TORBAY

H98000012246

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is one (1) . The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
FRANCISCO GUEVARA	5911 FILLMORE ST # 1 HOLLYWOOD, FL 33021.

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
AILIN TURBAY	608 N.W 57 AVE MIAMI, FL 33126.

Executed by the undersigned at MIAMI, FLORIDA,
on JULY, 1, 19 98 .

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That EAST HIALEAH FOOT CLINIC, INC
(NAME OF CORPORATION)

desiring to organize under the laws of the State of FLORIDA
(FLORIDA)

with its principal office, as indicated in the articles of incorporation at city of HOLLYWOOD county
(CITY)

of BROWARD, State of FLORIDA
(COUNTRY) (STATE)

has named AILEEN TURBAY
(NAME OF RESIDENT AGENT)

located at 608 N.W 57 AVE
(STREET ADDRESS AND NUMBER OF BUILDING,
POST OFFICE BOX ADDRESS NOT ACCEPTABLE)

city of MIAMI FLORIDA, County of DADE
(CITY) (COUNTRY)

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY [Signature]
SIGNATURE
REGISTERED AGENT
AND
INCORPORATOR

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