

P98000092502
TRANSMITTAL LETTER

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

FILED
98 OCT 29 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Martin Foot & Leg Wound Care Specialist, Inc.
(Proposed corporate name – must include suffix)

700002675947--5
-10/29/98--01083--008
122.50 **78.75

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

 X \$122.50
Filing Fee &
Certified Copy

 \$131.25
Filing Fee,
Certified Copy &
Certificate

FROM:

Joseph C. Taub
3311 SE Federal Hwy.
Stuart, FL 34997
561-283-3800

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

3984 53267

mm 10/30/98

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.

ARTICLE I NAME

The name of the corporation shall be:

Martin Foot & Leg Wound Care Specialist, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3311 SE Federal Hwy.
Stuart, FL 34997

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Joseph Taub
3311 SE Federal Hwy.
Stuart, FL 34997

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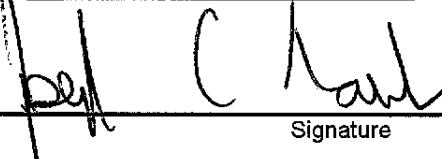
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph Taub
1331 SW Evergreen
Palm City, FL 34990

Aaron M. Shevlin
1696 SE Hillmour Drive
Port St. Lucie, FL 34952

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26th day of October, 1998.



Signature



Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERD AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501,
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:

Martin Foot & Leg Wound Care Specialist, Inc.

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

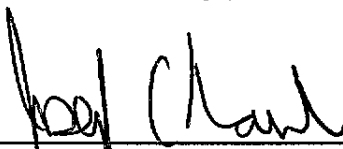
Joseph C. Taub

3311 SE Federal Hwy.
Stuart, FL 34997

Daytime Phone #: 561-283-3800

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*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)

10/26/98
(Date)