

P99000026824

Kenneth R. Kresge, C.P.A., P.A.  
CERTIFIED PUBLIC ACCOUNTANT  
403 Anastasia Blvd., Suite #1  
St. Augustine, FL 32084

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-03/18/99--01034--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 18 AM 10:58



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 28, 1999

KENNETH R. KRESGE, C.P.A.  
403 ANASTASIA BLVD SUITE #1  
ST. AUGUSTINE, FL 32084

SUBJECT: COMMUNITY PODIATRY AND WOUND CARE CENTER, P.A.  
Ref. Number: W99000002274

We have received your document for COMMUNITY PODIATRY AND WOUND CARE CENTER, P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

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: 499A00003965

## 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:

COMMUNITY PODIATRY AND WOUND CARE CENTER, PA.

### ARTICLE II PRINCIPAL OFFICE

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

1093 A1A Beach Blvd., Suite 306  
St. Augustine, Florida 32084

### ARTICLE III SHARES

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

100 Shares Authorized

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rosana Rodriguez  
1093 A1A Beach blvd, Suite 306  
St. Augustine, Florida 32084

### ARTICLE V INCORPORATOR

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

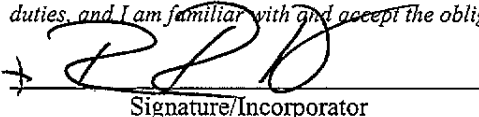
Rosana Rodriguez  
1093 A1A Beach blvd, Suite 306  
St. Augustine, Florida 32084

  
Signature/Incorporator

+ 1-26-99  
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.*

  
Signature/Incorporator

+ 1-26-99  
Date

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DIVISION OF CORPORATIONS  
99 MAR 18 AM 10:58

**Attachment to Articles of Incorporation**

*Community Podiatry and Wound Care Center, P.A.*

The specific nature of business of this professional association is:

To provide medical services as a physician's office.