

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To: Division of Corporations
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From: Account Name : HUBCO
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Wilton Manors Healthcare Associates, P.A.

Table with 2 columns: Description and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (03), and Estimated Charge (\$78.75).

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:

Wilton Manors Healthcare Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

Wilton Manors Healthcare Associates, P.A.
6473 N.W. 55TH MANOR
CORAL SPRINGS, FL 33067

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1500 SHARES NPV

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **CHIROPRACTIC**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARRY GOLDSMITH
6473 N.W. 55TH MANOR
CORAL SPRINGS, FL 33067


ARTICLES VI INCORPORATOR(S)

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

BARRY GOLDSMITH
6473 N.W. 55TH MANOR
CORAL SPRINGS, FL 33067

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of March 2000.


BARRY GOLDSMITH
SIGNATURE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Wilton Manors Healthcare Associates, P.A.

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

BARRY GOLDSMITH

Name

6473 N.W. 55TH MANOR

(P.O. Box or Mail Drop Box NOT Acceptable)

CORAL SPRINGS, FL 33067

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


BARRY GOLDSMITH
SIGNATURE

March 23, 2000
(Date)

00 MAR 24 PM 3:35
SECRETARY OF STATE
ALLAHASSFE, FLORIDA

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