

P000000112482

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

((H00000064014 4))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : LOZIER, THAMES & FRAZIER, P.A.
Account Number : I20000000033
Phone : (850)469-0202
Fax Number : (850)469-0006

FILED
00 DEC -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Southeast Association of Chiropractic Physicians, P.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION
OF**

SOUTHEAST ASSOCIATION OF CHIROPRACTIC PHYSICIANS, P.A.

THE UNDERSIGNED, who desires to form a professional service corporation in accordance with Chapters 621 and 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE I

NAME

The name of this corporation is Southeast Association of Chiropractic Physicians, P.A. Its principal place of business is located at 24 West Chase Street, Pensacola, Florida 32501.

ARTICLE II

PURPOSE

The purpose for which the Corporation is organized is to practice the profession of chiropractic medicine. Additional purposes for which the Corporation is organized are to engage in any and all other activities for which a professional service corporation may be organized in Florida, subject always to limitations of Florida law. The Corporation and the shareholders are not authorized to engage in any activity or take any action expressly forbidden by Florida law.

ARTICLE III

DURATION

The duration of this corporation is perpetual.

FILED
00 DEC -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV
CAPITAL STOCK

The number of shares of capital stock that the Corporation is authorized to issue is 10,000 shares, all of which shall be voting common shares with a par value of \$0.10 per share.

The Corporation is not authorized to issue any of said stock to anyone other than an individual who is duly licensed or otherwise legally authorized to render the same specific professional services as those for which the Corporation is incorporated, nor shall any of said stock be alienated by any shareholder of the Corporation to any person who is not duly licensed or otherwise legally authorized to render the same professional services as those for which the Corporation is incorporated.

ARTICLE V
REGISTERED OFFICE AND AGENT

The address of the initial registered office of the Corporation in this state is 24 West Chase Street, Pensacola, Florida 32501, and the name of its initial registered agent at such address is Daniel R. Lozier.

ARTICLE VI
INCORPORATOR

The name and address of the Incorporator is Daniel R. Lozier, 24 West Chase Street, Pensacola, Florida 32501.

ARTICLE VII**BOARD OF DIRECTORS**

The initial Board of Directors of this corporation shall consist of three (2) members. The names and addresses of the members of the first Board of Directors are as follows:

NAME**ADDRESS**

Dr. Philip E. Renfroe

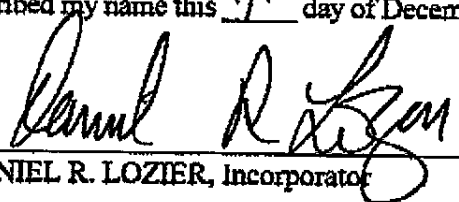
511 Phyllis Street
Pensacola, Florida 32503

Dr. David Snellgrove

1157 Gulf Breeze Parkway
Gulf Breeze, Florida 32561**ARTICLE VIII****AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, I have subscribed my name this 7th day of December, 2000.


DANIEL R. LOZIER, Incorporator

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 7th day of December, 2000, by Daniel R. Lozier, who is personally known to me or who has produced a driver's license as identification and has not taken an oath.


NOTARY PUBLIC

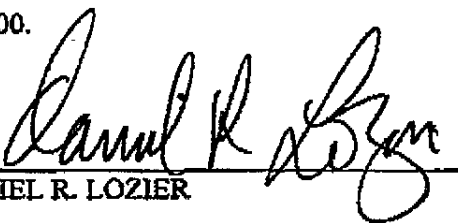
Commission No. _____

My Commission Expires: _____

ACCEPTANCE OF DESIGNATION AS RESIDENT AGENT

I, the undersigned, being the person named as the Registered Agent of Southeast Association of Chiropractic Physicians, P.A., a Florida corporation, hereby certify that I am familiar with the obligations provided for in Florida Statutes Chapter 607.325 and hereby accept the appointment of Registered Agent and hereby accept said obligations.

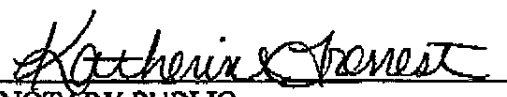
DATED this 7th day of December, 2000.


DANIEL R. LOZIER

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 7th day of December, 2000, by Daniel R. Lozier, who is personally known to me or who has produced a driver's license as identification and has not taken an oath.




NOTARY PUBLIC
Commission No. _____
My Commission Expires: _____

FILED
00 DEC -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA