

P09000050007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

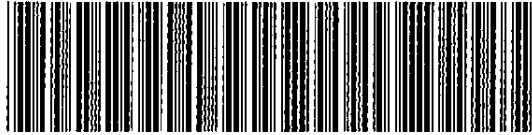
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EL 6/9/09

**COVER LETTER**

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

**SUBJECT:** James W. DeGrace, D.C., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Dr. James W. DeGrace  
Name (Printed or typed)

12501 Morgan Rd  
Address

Hudson, FL 34669  
City, State & Zip

(727) 277-8223  
Daytime Telephone number

a1drjim@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: James W. DeGrace, D.C., P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

12501 Morgan Rd.  
Hudson, FL 34669

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Chiropractic Physician's Office/Practice

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Dr. James W. DeGrace, President  
12501 Morgan Rd.  
Hudson, FL 34669

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. James W. DeGrace  
12501 Morgan Rd.  
Hudson, FL 34669

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

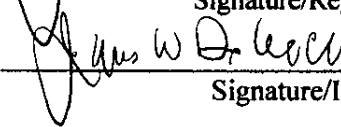
Dr. James W. DeGrace  
12501 Morgan Rd.  
Hudson, FL 34669

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

05/27/2009  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/27/2009  
\_\_\_\_\_  
Date

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