

P10000007607

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION  
Seacoast Clinic of Chiropractic PA

Certificate of Status	1
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**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:

**Seacoast Clinic of Chiropractic PA**

**ARTICLE II PRINCIPAL OFFICE**

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

**Seacoast Clinic of Chiropractic PA  
2156 SE Herron Avenue  
Port Saint Lucie, FL 34952**

**ARTICLE III SHARES**

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

**20 SHARES at No Par Value**

**ARTICLE IV PURPOSE**

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

**To practice the profession of: Chiropractic**

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

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Leonidas J. Demopoulos  
2156 SE Herron Avenue  
Port Saint Lucie, FL 34952**

**ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)**

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

**Leonidas J. Demopoulos - 2156 SE Herron Avenue, Port Saint Lucie, FL 34952 - President/Director  
Victoria J. Vislocky - 2156 SE Herron Avenue, Port Saint Lucie, FL 34952 - Vice President/Director**

**ARTICLES VII INCORPORATOR(S)**


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

**Leonidas J. Demopoulos - 2156 SE Herron Avenue, Port Saint Lucie, FL 34952  
Victoria J. Vislocky - 2156 SE Herron Avenue, Port Saint Lucie, FL 34952**

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

7th day of January 2010.

  
**Leonidas J. Demopoulos**  
SIGNATURE

  
**Victoria J. Vislocky**  
SIGNATURE

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**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: Seacoast Clinic of Chiropractic PA

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

Leonidas J. Demopoulos

Name

2156 SE Herron Avenue

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

Port Saint Lucie, FL 34952

(City / State / Zip)

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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 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.*

  
Leonidas J. Demopoulos  
SIGNATURE

January 7, 2010  
(Date)

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