

FEB-27-1996 15:4

P. 1/04

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: THE COMPANY CORPORATION
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CHRISTINA CENTRE THREE
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PHONE: (302) 575-0440
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((H96000002780))
OR P.A.

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

NAME: DR. SUSAN D. PLAYER, D.C., P.A.
FAX AUDIT NUMBER: H96000002780
DATE REQUESTED: 02/27/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 2
ESTIMATED CHARGE: \$70.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:00:09
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER:

076660001006

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 FEB 27 PM 4:31

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ARTICLES OF INCORPORATION
OF

DR. SUSAN D. PLAYER, D.C., P.A.

A Professional Service Corporation

The undersigned natural person, of the age of 21 or more, acting to form a corporation under Chapter 621 of the Florida Corporate Code do hereby certify the following:

FIRST: The name of the corporation shall be DR. SUSAN D. PLAYER, D.C., P.A.

SECOND: The address of the initial registered office of the corporation is 519 Cleveland St. #211, Clearwater FL 34615-4010, County of Pinellas. The name of the registered agent located at said address is Susan D. Player.

THIRD: The principal address of the corporation is 519 Cleveland St. #211, Clearwater FL 34615-4010.

FOURTH: The purpose for which this corporation is organized shall be to engage in the practice of chiropractic.

FIFTH: The total authorized capital stock of this corporation is divided into 100 shares of no par value.

SIXTH: The number of directors constituting the initial board of directors is two, and the name and address of the individual who will serve as director until the first annual meeting of shareholders or until successors are elected and qualified is:

Susan D. Player, D.C. 519 Cleveland St. #211; Clearwater FL 34615-4010

SEVENTH: The duration of the corporation is perpetual.

EIGHTH: The name and address of the person licensed in the state of Florida who is to act as incorporator is as follows:

Susan D. Player, D.C. 519 Cleveland St. #211; Clearwater FL 34615-4010.

I, the undersigned, being the sole incorporator of the corporation identified above, declare that I have examined the foregoing this 14th day of February, 1996.

Susan D. Player, D.C.

Pl. Dr. Susan Player (2000)

State of

Florida

County of

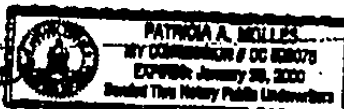
Pinellas

The foregoing instrument was acknowledged and sworn to before me this 14th day of February, 1996.

Patricia A. Moller

Notary Public

Patricia A. Moller



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON PROCESS MAY BE SERVED.**

In compliance with Section 43.091, Florida Statutes, the following is submitted:

First, this Dr. Susan D. Player, D.C., P.A.

desiring to organize under the laws of the State of Florida with its principal place of business located in the city of Clearwater, State of Florida, has named Susan D. Player located at 519 Cleveland St., #211, Clearwater, FL 34615-4010

_____ as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



2-16-96
Date

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