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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P S CHIROPRACTIC PC d/b/a WESLEY CHIROPRACTIC & ACUPUNCTURE
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRICIA S. WESLEY
(Name of Person)
P S CHIROPRACTIC d/b/a WESLEY CHIROPRACTIC & ACUPUNCTURE
(Firm/Company)
1014 FLORIDA AVENUE
(Address)
ROCKLEDGE, FL 32955
(City/State and Zip code)

For further information concerning this matter, please call:

PATRICIA S. WESLEY at 321-631-2225 CELL 321-591-9424
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

W \$70.00 Filing Fee	W \$78.75 Filing Fee & Certificate of Status	W \$78.75 Filing Fee & Certified Copy	W \$87.50 Filing Fee, Certificate of Status & Certified Copy
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Fax Cover Sheet

Wesley Chiropractic & Acupuncture
 Patricia S. Wesley, D.C., F.A.S.A.
 1014 Florida Ave,
 Rockledge, Fl. 32955
 321- 631-BACK (2225) Fax 321-631-2981

Send to: <i>Deane Cushing</i>	From: Patricia S. Wesley D.C., F.A.S.A.
Attention:	Date: <i>8/16/05</i>
Fax number: <i>1-850-410-1015</i>	
Business number:	
Home number:	

Total pages, including cover: 4

COMMENTS:

** Please file as soon as possible
 or in mail.*

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IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY CALLING THE PHONE NUMBER INDICATED IN THE REPORT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2005

PATRICIA S. WESLEY
P S CHIROPRACTIC
1014 FLORIDA AVENUE
ROCKLEDGE, FL 32955

SUBJECT: P S CHIROPRACTIC PC
Ref. Number: W05000037147

We have received your document for P S CHIROPRACTIC PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00050571

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. P S CHIROPRACTIC PC d/b/a WESLEY CHIROPRACTIC & ACUPUNCTURE
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSOURI 3. 43-1398762
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 04/21/1986 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JULY 11, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1014 FLORIDA AVENUE ROCKLEDGE FL 32955
(Principal office address)

1014 FLORIDA AVENUE ROCKLEDGE, FL 32955
(Current mailing address)

8. CHIROPRACTIC & ACUPUNCTURE OFFICE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

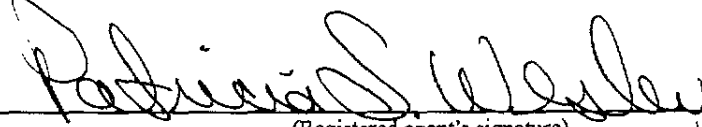
Name: PATRICIA S. WESLEY

Office Address: 1818 OAK DRIVE SOUTH

ROCKLEDGE, Florida 32955
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: PATRICIA S. WESLEYAddress: 1818 OAK DRIVE SOUTHROCKLEDGE, FL 32955Vice Chairman: MIKE WESLEYAddress: 1818 OAK DRIVE SOUTHROCKLEDGE, FL 32955

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: PATRICIA S. WESLEYAddress: 1818 OAK DRIVE SOUTHROCKLEDGE, FL 32955Vice President: MIKE WESLEYAddress: 1818 OAK DRIVE SOUTHROCKLEDGE, FL 32955Secretary: V. A. JULIAN, JR.Address: 1808 HARVARD INDEPENDENCE, MO 64052Treasurer: PATRICIA S. WESLEYAddress: 1818 OAK DRIVE SOUTH ROCKLEDGE, FL 32955

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. PATRICIA S. WESLEY, PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

P. S. CHIROPRACTIC, P.C.
P00288157

was created under the laws of this State on the 21st day of April, 1986, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 28th day of July, 2005

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

