F17000003475

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	 -
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W17-6274	2 Suff	ر. الا





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AUG 0 4 2017



August 1, 2017

CASSANDRA SCOTT HUNZIKER & HECK LLC 416 MAIN ST, STE. 1600 PEORIA, IL 61602

SUBJECT: SPINE CARE AMERICA P.C.

Ref. Number: W17000062742

We have received your document for SPINE CARE AMERICA P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

EXAMPLE: "SPINE CARE AMERICA P.C., INC." on line 1.,

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00015486

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ЕСТ:	Spine	Care America P.C.			
	_		Name of corp	oration	- must include suffix	
Dear S	ir or Mada	ım:				
"Certif	ficate of E	cistence,`	t by Foreign Corporat or "Certificate of Go- corporation to transact	od Stan	ding" and check are su	act Business in Florida," bmitted to register the
Please	return all	correspoi	dence concerning this	matter	to the following:	
Cassar	dra Scott					
			No	me of	erson erson	
Hunzik	er & Heck	LLC				
			Fin	ın/Com	pany	
416 Ma	in Street, S	uite 1600				
				Addre	88	
Peoría,	Illinois 616	02				
	-		City/:	State ar	d Zip code	
greg(a)h	unzikerlaw	.com				
			E-mail address: (to be	used f	or future annual report	notification)
For fur	ther inforn	nation co	ncerning this matter, p	lease c	all:	
Cassano	lra Scott		at (= 30)9	y 676,7777	
	Name of	Person		a Code	Daytime Telep	phone Number
inclose	Registrati Division o Clifton B 2661 Exe Tallahass	on Section of Corporuilding cutive Corporus Cec. FL 3	ations nter Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
■ \$70.	00 Filing !	Pee 🗆	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Enter name of	corporation; must include "	INCORPORATED," "	COMPANY," "CORPORATION	<u>;</u> ,**	
inc., 'Ca., '	Corp," "Inc," "Co." or "Сог	o.``}			
(If name unavai	lable in Florida, enter altern	ate corporate name ado	pted for the purpose of transacting	g business in Florida)	
2. Illinois	3, 81-5017870				
(State or count	ry under the law of which it				
4. March 3, 2017		5			
(Date of incorporation)			(Date of duration, if other than perpetual)		
6	·				
	(Date first tr (SEE SECTIONS	ansacted business in Flo 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liabilit	ıy)	
7. 1260 37th Street	Vero Beach, Florida 32960)			
		(Principal c	ffice address)		
<u></u>				<u> </u>	
		(Current mailing ac	ddress, if different)		
8. Name and stre	et address of Florida regi.	stered agent; (P.O. B	ox NOT acceptable)	200 (200 (
Name:	Dr. John Atwater	•		7.58	
	Dr. Joint Atward		_		
Office Address:	1260 37th Street		-	7: S 0:RH	
	Vero Beach		_ , Florida 32960		
	(Cit	y)	(Zip code)		
. Registered ag	ent's acceptance:				
Having been nam	ed as registered agent a	nd to accept service o	f process for the above stated	corporation at the place	
<i>urther agree to c</i>	omply with the provision	is of all statutes relat	t as registered agent and agre ive to the proper and complet position as registered agent.	e performance of my	
menes, unu 1 um j	aminar with and accept	1 h	position as registered agent.		
	Joh	Ath)		
		(Registered agent	's signature)		

10. 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Dr. John Atwater	
Address: 1260 37th Street, Vero Beach, Florida 32960	
Vice Chairman: Daffodil Hamilton	
Address: 1260 37th Street, Vero Beach, Florida 32960	
Director:	
Address:	
Director:	·····
Address:	
B. OFFICERS	
President: Dr. John Atwater	- 35 ± ω
Address: 1260 37th Street, Vero Beach, Florida 32960	S 3
	<u> </u>
Vice President: Dr. John Atwater,	
Address: same as above	
Secretary: Dr. John Atwater	
Address: same as aboev	
Treasurer: Dr. John Atwater	
Address: same as above	
NOTE: If necessary, you may attach an addendary to include a police in listing additional office	rs and/or directors.
12. Jahrelle	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms to are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	hat the facts stated herein artment of State constitutes
13. Dr. John Atwater, President	

File Number

7107-158-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SPINE CARE AMERICA P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 03, 2017. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JULY A.D. 2017.

Authentication #: 1719402048 verifiable until 07/13/2018

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE