

F98000002884

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Stepanek Chiropractic, P.C.
(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:

Christopher Stepanek, D.C.
(Name of Person)
Total Health of Vero Beach
(Firm/Company)
1974 14th Avenue
(Address)
Vero Beach, FL 32960
(City/State/Zip)

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DIVISION OF CORPORATIONS

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*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Christopher Stepanek at (561) 569-2864
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. Stepanek Chiropractic, Professional Corporation
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Georgia 3. 58-2257351
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 1, 1996 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 15, 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 1974 14th Avenue
Vero Beach, FL 32960
(Current mailing address)

8. Chiropractic Health Facility
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

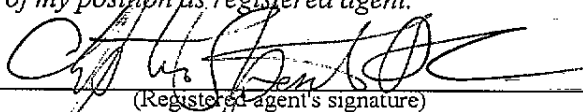
Name: Christopher Stepanek

Office Address: 2175 47th Terrace

Vero Beach, Florida, 32966
(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.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: Christopher Stepanek

Address: 2175 47th Terrace
Vero Beach, FL 32966

Vice Chairman: Same

Address: Same

Director: Same

Address: Same

Director: Same

Address: Same

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: Christopher Stepanek

Address: 2175 47th Terrace
Vero Beach, FL 32966

Vice President: Jennifer Stepanek

Address: 2175 47th Terrace
Vero Beach, FL 32966

Secretary: Christopher Stepanek

Address: 2175 47th Terrace
Vero Beach, FL 32966

Treasurer: Jennifer Stepanek

Address: 2175 47th Terrace
Vero Beach, FL 32966

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

13. Jennifer Stepanek
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jennifer Stepanek, VP
(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 981350490
CONTROL NUMBER : 9616914
DATE INC/AUTH/FILED: 05/17/1996
JURISDICTION : GEORGIA
PRINT DATE : 05/15/1998
FORM NUMBER : 211

STEPANEK CHIROPRACTIC, PC
CHRISTOPHER STEPANEK
1974 14TH AVENUE
VERO BEACH, FL 329600610

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STEPANEK CHIROPRACTIC, P.C.
A PROFESSIONAL CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis A. Massey

Lewis A. Massey
Secretary of State

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