

MD6000001457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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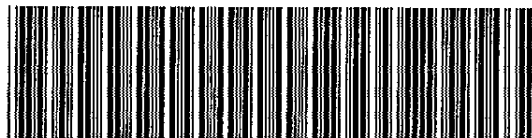
(Business Entity Name)

(Document Number)

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03/02/06--01038--023 **55.00

02/14/06--01038--001 **70.00

03/10/06

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06 MAR 10 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

ANTHONY P. INGLESE, D.C.
CHIROPRACTIC HEALTH NETWORK PLLC
27499 RIVERVIEW CENTER BOULEVARD, #244
BONITA SPRINGS, FL 34134

SUBJECT: CHIROPRACTIC HEALTH NETWORK, LLC
Ref. Number: W06000008540

We have received your document for CHIROPRACTIC HEALTH NETWORK, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The form and fees you submitted were for a corporation, but your entity is a limited liability company. Enclosed is the proper form for your entity.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 506A00012325

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

ANTHONY P. INGLESE, D.C.

27499 RIVERVIEW CENTER BLVD., STE 244
BONITA SPRINGS, FL 34134

SUBJECT: CHIROPRACTIC HEALTH NETWORK LLC
Ref. Number: W06000010568

We have received your document for CHIROPRACTIC HEALTH NETWORK LLC and check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 806A00014998

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiropractic Health Network LLC.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Anthony P. Inglese, D.C.
(Name of Person)

Chiropractic Health Network LLC.
(Firm/Company)

27499 Riverview Center Blvd, Ste 244.
(Address)

Bonita Springs, FL 34134.
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony P. Inglese, D.C. at (239.) 444-4216.
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Chiropractic Health Network LLC.
(Name of Foreign Limited Liability Company)
2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2080754
(FEI number, if applicable)
4. 04/23/2004
(Date of Organization)
5. "Perpetual"
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 03/01/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 27499 Riverview center Blvd., Ste 244.
Benita Springs FL 34134.
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Anthony Inglese, D.C.
27499 Riverview center Blvd, Ste 244, Benita Springs FL 34134

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Chiropractic office

Anthony Inglese, D.C. 02/24/2006
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Anthony Inglese, D.C.
Typed or printed name of signer

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SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Chiropractic Health Network LLC.

2. The name and the Florida street address of the registered agent and office are:

Anthony Ingles, D.C.
(Name)

27499 Riverview Center Blvd, Ste 244.
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Benita Springs FL 34134.
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Anthony Ingles, D.C. 02/24/2006.
(Signature)

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TALLAHASSEE, FLORIDA

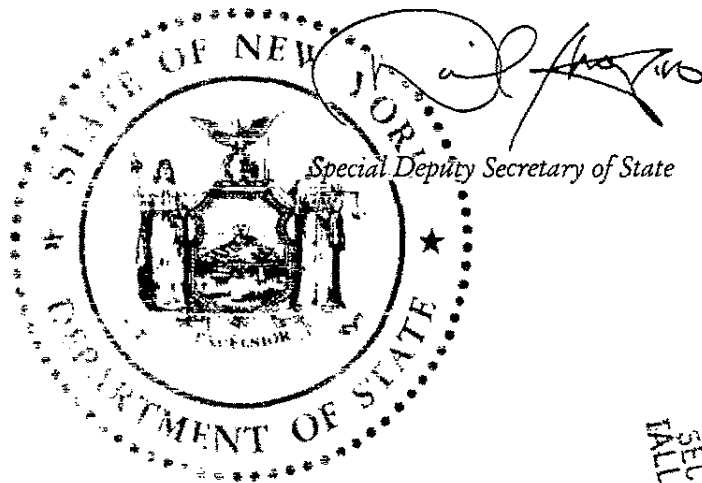
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of New York
Department of State } ss:

I hereby certify, that CHIROPRACTIC HEALTH NETWORK, LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/23/2004, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of February two
thousand and six.*

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TALLAHASSEE, FLORIDA