

PO0000076157  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CRAIG S. SINGER, P.A.  
(Proposed corporate name - must include suffix)

600003301216--6  
-06/22/00--01070--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: CHRIS MCCUE ESQ  
Name (printed or typed)

5100 N. FEDERAL HWY. #405

Address

FORT LAUDERDALE FL 33308  
City, State & Zip

(954) 938-9001

Daytime Telephone number

SECRET  
TALLAHASSEE, FL 32314

00 JUN 22 AM 9:57

T. SMITH AUG 11 2000

NOTE: Please provide the original and one copy of the articles.

6-16-2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 26, 2000

CHRIS MCCUE, ESQ  
5100 N FEDERAL HWY, #405  
FT LAUDERDALE, FL 33308

SUBJECT: CRAIG S. SINGER, P.A.  
Ref. Number: W00000016249

We have received your document for CRAIG S. SINGER, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document. *IT IS "CHIROPRACTIC"*

Please return the original and one copy of 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) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 400A00035999

*Dear Tracy,*

*It does state the nature of the business.  
Please read it again.*

*"The undersigned incorporator, for the purpose of  
forming a chiropractic, professional association..."*

*Sincerely,*

*Chris McCue (954) 938-9001  
Atty. for Craig S. Singer.*

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a chiropractic, professional association under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I

The name of the professional association shall be:

CRAIG S. SINGER, P.A.

### ARTICLE II

The principal place of business and mailing address shall be:

2500 NE 15th Ave.  
Fort Lauderdale, FL 33305

### ARTICLE III

The number of shares of stock that this professional association is authorized to have outstanding at any one time is:

5000 Shares

### ARTICLE IV

The name and address of the initial registered agent is:

Craig S. Singer  
2500 NE 15th Ave.  
Fort Lauderdale, FL 33305

### ARTICLE V

The name and street address of the incorporator to these Articles of Incorporation is:

Craig S. Singer  
2500 NE 15th Street  
Fort Lauderdale, FL 33305

The undersigned incorporator has executed these Articles of Incorporation this 1 day of

JUNE

, 2000.

(X)



FILED  
00 JUN 22 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CRAIG S. SINGER P.A.
2. The name and address of the registered agent and office is:

CRAIG S. SINGER  
(NAME)

2500 NE 15TH AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FORT LAUDERDALE, FL 33305  
(CITY/STATE/ZIP)

00 MAY 22 AM 9:57  
SECRET  
TALLAHASSEE, FL 32314

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

①  (SIGNATURE) 5/3/00 (DATE)