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TRANSMITTAL LETTER

SLUNCTARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: DR. CHARLES W. KESSINGER, D.C., P.A.

700003381807--4 -09/05/00--01096--014 *****87.50 *****87.50

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

\$70.00 \$78.75 \$87.50\$

Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

**ADDITIONAL COPY REQUIRED*

FROM: CHARLES W. KESSINGER
Name (Printed or typed)

DA CHARES KOSSINGORANE

Address

Address

Address

FLORIDA 33040

City, State & Zip

To effective Note

305-296-7533

Daytime Telephone number

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

NEUNETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607 AND/OR 621, F.S. (PROFIT)

ARTICLE I: The name of the Corporation shall be:

DR.CHARLES W. KESSINGER, D.C., P.A.

ARTICLE II: The principal place of business/mailing address is:

1901 FOGARTY AVENUE KEY WEST, FLORIDA 33040

ARTICLE III: The purpose for which the corporation is organized is:

Provide health care to the public as a licensed Chiropractor in the State of Florida. And any other, lawful activity that would further benefit the Corporation.

ARTICLE IV: Shares

The Corporation is authorized to have 100 shares of stock, non-par value.

ARTICLE V: Initial Officers/ Directors

Charles W.Kessinger, President 1901 Fogarty Avenue Key West, Florida 33040

W. Michael Vincent, Vice President PO Box 4819 Key West, Florida 33040

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ARTICLE V: CONTINUED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Charles W. Kessinger, Secretary/Treasurer 1901 Fogarty Avenue Key West, Florida 33040

ARTICLE VI: The name and Address of the Registered Agent is:

W. Michael Vincent 1901 Fogarty Avenue Key West, Florida 33040

ARTICLE VII: The name of the Incorporator is:

Charles W. Kessinger 1901 Fogarty Avenue Key West, Florida 33040

Having been named as registered agent to a tion at the place designated in this certificat registered agent and agree to act in this cap	e, I am fāmiliar with	-
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St. M. Unicent		8-22-00
Signature of Registered Agent	-	Date
f Aug		8/31/2000
Signature of Incorporator	_	Date