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To: Division of Corporations
Fax Number : (850)922-4001

From: Account Name : 1ST INCORPORATORS, LLC
Account Number : I20000000165
Phone : (561) 626-6700
Fax Number : (561) 776-2266

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CHARLES OLIVERI, D.C., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

W-23136

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ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

CHARLES OLIVERI, D.C., P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1990 E. Ocean Blvd.
Stuart, FL 34996**

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ARTICLE III - SHARES

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

1,000 shares of common stock, no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Joanne Oliveri
1990 E. Ocean Blvd.
Stuart, FL 34996**

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ARTICLE V - INITIAL DIRECTOR(S)

The names and addresses of the initial members of the corporation's Board of Directors are:

Charles Oliveri
1990 E. Ocean Blvd.
Stuart, FL 34996

ARTICLE VI - NATURE OF BUSINESS

The nature of business of the professional association is the practice of chiropractic.

ARTICLE VII - INCORPORATOR

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

BIZCORP INTERNATIONAL INC.
4400 PGA Boulevard
Suite 700
Palm Beach Gardens, FL 33410

The undersigned incorporator has executed these Articles of Incorporation this 20th day of September, 2000.

BIZCORP INTERNATIONAL INC.

By: _____


Stephen Levy
(President)

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**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: CHARLES OLIVERI, D.C., P.A.

2. The name and address of the registered agent and office is:

**Joanne Oliveri
1990 E. Ocean Blvd.
Stuart, FL 34996**

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.


Joanne Oliveri

9/20/02
(Date)

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TALLAHASSEE, FLORIDA

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