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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

South Florida Accident & Injury Center, Inc.

Certificate of Status	1
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Estimated Charge	\$87.50

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: South Florida Accident & Injury Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 3465 N.W. 44 St., # 101; Ft. Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide healthcare and rehabilitation to victims of auto accidents, sports injuries, home and work injuries or to people suffering from neck and back pain, shoulder and arm pain, headaches, arthritis, muscle sprains or strains, slipped disc, carpal tunnel, sciatica, scoliosis, and TMI dysfunction.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name (s) and address (es): Dr. Glenn Corkins; 3465 N. W. 44 St, #101; Ft. Lauderdale, FL 33309; President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent is: Dr. Glenn Corkins; 3465 N.W. 44 St, #101; Ft. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Dr. Glenn Corkins; 3465 N.W. 44 St, #101; Ft. Lauderdale, FL 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

H. Glenn Corkins, D.C., Ph.D.

Signature/Registered Agent

11/29/00

Date

H. Glenn Corkins, D.C., Ph.D.

Signature/Incorporator

11/29/00

Date

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