## "P0000114809

## TRANSMITTAL LETTER

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

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SUBJECT:	anders Chiro		DE SUFFIX)	
	`		DO DEC ALL AH	
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 of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Dr. Corthleen Landers Name (Printed or typed)				
2222 Venus Aug Address				
Deltona Fl 32725 City, State & Zip				
(904) 479 - 8490 Daytime Telephone number				

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 62  ARTICLE I NAME The name of the corporation shall be:  Landers Chiroproctic  ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	HASSEE, FLORIDA
1831 B East Colonial Dr	. Orlando, Fl 32803
The purpose for which the corporation is organized	I is:
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTO The name(s) and address(es):  Dr. Cathleen Landers	DRS (optional) 2222 Venus AVL Deltona, FI 32725
ARTICLE VI REGISTERED AGENT The name and Florida street address of the register  Or Cathleen Landers	ered agent is: 2222 Venus Ave Deltona, Fl 32725
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  DY COTHLEN Lander S	2222 Venus Ave Deltona, FI 32725
Having been named as registered agent to accept service of procertificate, I am familiar with and accept the appointment as re	**************************************
Signature/Registered Agent	Date

Signature/Incorporator

12/7/2000

Date