

TRANSMITTAL LETTER

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01 JAN -4 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200003523572--8  
-01/04/01--01087--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Carolyn J. Gendreau D.C., P.A.  
(Proposed corporate name - must include suffix)

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: Registered Corporate Agents, Inc.  
Name (Printed or typed)

612 S. Greenwood Ave.  
Address

Clearwater, FL 33756  
City, State & Zip

727-447-9546  
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

**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:

Carolyn J. Gendreau D.C., P.A.

**ARTICLE II Principal Office**

The principal place of business/ mailing address of is:

1115 W. Martin Luther King Blvd.  
Seffner, FL 33584

**ARTICLE III Purpose**

The purpose for which the corporation is organized is:

To practice Chiropractic medicine.

**ARTICLE IV Shares**

The number of shares of stock is:

10,000 Shares Authorized.

**ARTICLE V Registered Agent**

The name and Florida street address of the registered agent is:

Carolyn J. Gendreau  
4024 Quail Briar Blvd.  
Valrico, FL 33594-6330

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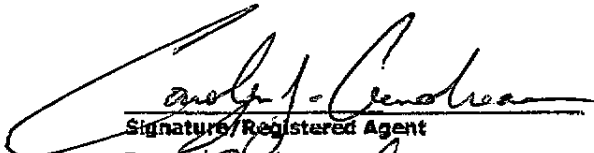
**ARTICLE VI Incorporator**

The name and address of the Incorporator:

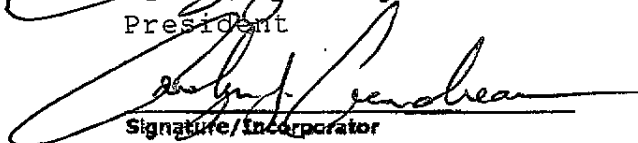
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Carolyn J. Gendreau - President - Secretary  
4024 Quail Briar Blvd.  
Valrico, FL 33594-6330

*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.*

  
\_\_\_\_\_  
Signature/Registered Agent  
President

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
President

  
\_\_\_\_\_  
Date