TRANSMITTAL LETTER

P01000006481

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

000003539690--2
-01/17/01--01020--001
*****70.00 *****70.00

SUBJECT: Mobile Chiropractic Physician, Inc.
(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 of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Amanda Haley
Name (Printed or typed)

421 SE, 4th Ave,
Address

Pompano Beach, FL. 33060
City, State & Zip

(954) 946-9193
Daytime Telephone number

FILED
01 JAN 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch JAN 16 2001

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ARTICLES OF INCORPORATION

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Mobile Chiropractic Physician, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

421 SE. 4th Ave.
Pompano Beach, FL. 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- Chiropractic + massage Services
- billing

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Amanda Haley
421 SE. 4th Ave.
Pompano Beach, FL.
33060

Michael Haley
421 SE. 4th Ave.
Pompano Beach, FL.
33060

ARTICLE VI REGISTERED AGENT

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

Amanda Haley
421 SE. 4th Ave.
Pompano Beach, FL. 33060

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Amanda Haley
421 SE. 4th Ave.
Pompano Beach, FL. 33060

****

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

Amanda Haley — Amanda Haley — 1/9/00
Signature/Registered Agent — Date

Amanda Haley — Amanda Haley — 1/9/00
Signature/Incorporator — Date