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**LAZARUS CORPORATE FILING SERVICE**

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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**PA000104339**

**FILED**  
01 OCT 29 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- 1. MIGUEL CORTES DC PA (Corporation Name) (Document #) **700004652817-3**
- 2. \_\_\_\_\_ (Corporation Name) (Document #) **-10/25/01-01013-019**
- 3. \_\_\_\_\_ (Corporation Name) (Document #) **\*\*\*\*\*78.75 \*\*\*\*\*78.75**
- 4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

**RECEIVED**  
01 OCT 25 AM 10:35  
DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*630 PA Pump*  
*10/24/01*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 25, 2001

LAZARUS

MIAMI, FL

SUBJECT: MIGUEL CORTES DC PA  
Ref. Number: W01000024739

We have received your document for MIGUEL CORTES DC PA. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 501A00058729

RECEIVED  
01 OCT 29 AM 10:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:

**MIGUEL CORTES DC PA**

ARTICLE II                      PRINCIPAL OFFICE

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

11320 S.W. 131 ST  
MIAMI, FL 33176

ARTICLE III                      SHARES

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

100 SHARE @ 1.00 PER VALUE

ARTICLE IV                      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agents is:

MIGUEL CORTES  
11320 S.W. 131 ST  
MIAMI, FL 33176

ARTICLE V                      INCORPORATOR

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

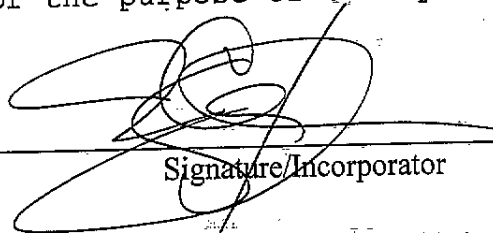
MIGUEL CORTES  
11320 S.W. 131 ST  
MIAMI, FL 33176

ARTICLE VI                      DIRECTOR

The name and address of the director to these Articles of Incorporation are:

MIGUEL CORTES

Article VII Purpose  
For the purpose of Chiropractic

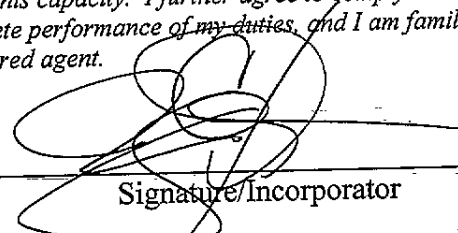


Signature/Incorporator

10 - 23 - 01

Date

Having been named as registered agent and to accept services 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.



Signature/Incorporator

10 - 23 - 01

Date

**FILED**  
01 OCT 29 PM 12:52  
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TALLAHASSEE FLORIDA