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To:

Division of Corporations

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From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.

Account Number : 071324000655 Phone : (305)541-0790

Fax Number : (305)541-4015

FLORIDA PROFIT CORPORATION OR P.A.

Adam M. Shapkin, D.C. P.A.

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October 31, 2001

R & R ACCOUNTING & TAX SERVICES, INC.

SUBJECT: ADAM M. SHAPKIN, D.C. P.A.

REF: W01000025196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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ARTICLES OF INCORPORATION

OF

ADAM M. SHAPKIN. D. C. P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

ADAM M. SHAPKIN, D.C. P.A.

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SECRETARY OF STATE
TALLAHASSIF, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

//O LAKE EMERALD DRIVE APT. 30/

FORT LAUDERDALE, FL 33309

ARTICLE III SHARES

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

500 SHARES OF COMMON STOCK AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADAM M. SHAPKIN 110 LAKE EHERALD DRIVE APT 301 FORT LAUDERDALE, PL 33309

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PREPARED 131:

ADAM M. SHAPKIN

110 LAKE EMERALD OR

APT 30;

FORT LAVOER DALE, FL

33099

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

P,VP,S,T ADAM M. SHAPKIN 110 LAKE EMERALD DRIVE APT. 301 FORT LAUDERDALE, FL 33309

18 th	ncorporator(s)day of	OCTOBER		e Articles of .	Incorporatio
1 Ad	r_M. Shap	d : 50			·
	- K Orag	Signature	9		
 -		Signature	<u> </u>		

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Signature

ARTICLE VI NATURE OF BUSINESS

The specific nature of the professional association is:

MEDICAL SERVICES.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: <u>ADAM M. SHAPKIN D.C. P. A.</u>
·
2. The name and address of the registered agent and office is:
7
ADAM M. SHAPKIN
(Name) AAA I
110 LAKE EMERALD DRIVE APT 301 = M
(P.O. Box not acceptable) (P.O. Box not acceptable)
FORT LAUDERDALE FL 33309
(City/State/Zip)
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
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. 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.
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X Ada_M. Shafe DO.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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