

# Pol000112718

## TRANSMITTAL LETTER

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

SUBJECT: CARON CHIROPRACTIC, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004692512--7

-11/26/01--01029--005

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed are 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: Dorian E. Caron  
Name (Printed or typed)

515 1/2 Daniels Avenue  
Address

Orlando, FL 32801  
City, State & Zip

407 616-5948  
Daytime Telephone number

FILED  
01 NOV 26 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6/11/28

# 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: CARON CHIROPRACTIC, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1224 East Concord Street  
Orlando, FL 32803

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide chiropractic  
services to the public.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Dorian E. Caron  
Chiropractic Physician  
515 1/2 Daniels Avenue  
Orlando, FL 32801

## ARTICLE VI REGISTERED AGENT

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

Dorian E. Caron  
515 1/2 Daniels Avenue  
Orlando, FL 32801

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

↑  
SAME AS ABOVE

FILED  
01 NOV 26 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

Dorian E. Caron

Signature/Registered Agent

11/10/01

Date

Dorian E. Caron

Signature/Incorporator

11/10/01

Date