

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

Integrative Medical Center, PA

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Integrative Medical Center, PA

ARTICLE II PRINCIPAL OFFICE

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

**Integrative Medical Center, PA
3300 P.G.A Blvd. - Suite 600
Palm Beach Gardens, FL 33410**

ARTICLE III SHARES

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

1500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Medical Chiropratic MD/DC**

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

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TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. James P. Cima
3300 P.G.A Blvd. - Suite 600
Palm Beach Gardens, FL 33410

ARTICLES VI INCORPORATOR(S)

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

Dr. James P. Cima
3300 P.G.A Blvd. - Suite 600
Palm Beach Gardens, FL 33410

Gloria Cima
3300 P.G.A Blvd. - Suite 600
Palm Beach Gardens, FL 33410

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of Jan 2002.



Dr. James P. Cima
SIGNATURE



Gloria Cima
SIGNATURE

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is: Integrative Medical Center, PA

2. The name and address of the registered agent and office is:

Dr. James P. Cima

Name

3300 P.G.A Blvd. - Suite 600

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm Beach Gardens, FL 33410

(City / State / Zip)

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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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Dr. James P. Cima
SIGNATURE

Jan 16, 2002

(Date)