# POZOSOSOS SI

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

300004831873--4 -01/28/02--01089--007 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<u> </u>
Enclosed is an origina	al and one(1) copy of the artic	les of incorporation and a	a check for :	7
□ \$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 CO	PY REQUIRED	
FROM	. Name (I	Printed or typed)		
	Fort Mye	ivens, D.C. ith Tamiami Trail rs, FL 33908 132-9909		
	Daytime '	Telephone number		SECRETARY TALLAHASSEI
ז	NOTE: Please provide the o	original and one copy o	f the articles.	ED OF STATE OF STATE PN 3: 34

BR 1-28



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 17, 2002

D R SLAVENS, DC 16450 - S TAMIAMI TRAIL FT MYERS, FL 33908

SUBJECT: DR. DAVID R. SLAVENS, P.A.

Ref. Number: W02000001467

We have received your document for DR. DAVID R. SLAVENS, P.A.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

1 1

Letter Number: 802A00002460

Please Gind Check enclosed. Skarklyon.

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### ARTICLES OF INCORPORATION

OF

## DR. DAVID R. SLAVENS, P.A.

SECRETARSSEE, FLORIDA 02 JAN 28 PM 3: 34

The undersigned does hereby agree to become a corporation for profit under the provisions of Chapter 607, Florida Statutes, and hereby accepts all the rights, priviledges, benefits and obligations conferred and imposed by said law on corporations pursuant to the provisions thereof, and does hereby make, subscribe, certify, acknowledge and file these Articles of Incorporation as follows:

### ARTICLES I

The nature of the business and objects and purposes to be transacted and carried on by this corporation is to conduct a Chiropractic physician and related activities and to do any and all of the things as fully and to the same extent as natural persons might or could do in all parts of the world. The corporation may engage in any activity or business permitted under the laws of the United States or of this State.

No contract or other transaction between the corporation or any other corporation shall be effected or invalidated by the fact that any one or more of the stockholders of this corporation is or are interested in, or is a stockholder or officer or are stockholders or officers of such other corporations, and any stockholder or stockholders or officer of offices, individually or jointly may be party or parties to, or interested in any contract or transaction of this corporation, or in which this corporation is interested in and no contract, act or transaction of this corporation with any person or persons, firms or coporations shall be

effected or invalidated by the fact any stockholder or stockholders of this corporation is a party to or are parties to or are interested in such contract, act, transaction, or in any way connected with such person or persons, firms or associations, and each and every person who may become a stockholder of this coporation is hereby relieved from any and all liabilities that might otherwise exist from contracting with the corporation for the benefit of himself or any firm or corporation

### ARTICLE II

The name of the corporation shall be:

in which he may be in anywise be interested.

DR. DAVID R. SLAVENS, P.A..

### ARTICLE III

The authorized capital stock of this corporation shall be seven thousand five hundred (7500) shares with a par value of one dollar (\$1.00) per share.

### ARTICLE IV

The principal place of business of this corporation shall be:

16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908

### ARTICLE V

The business of the corporation shall be managed and conducted by a Board Of Directors of not less than one (1) nor more than two (2) members as from time to time are determined by the stockholders, or by the directors, in accordance with the By-Laws of the Corporation. The intial Board of Directors shall be composed of one director, and the name and address of the

director is as follows:

David R. Slavens 16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908

### ARTICLE VI

The street address of the intial principal officer of this corporation is: 16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908 and the name and address of the intial registered agent of this corporation is:

David R. Slavens 16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908

### ARTICLE VII

The name and address of the person forming this corporation is:

David R. Slavens 16450-2 S. Tamiami Tr. Ft. Myers, Fl 33908

### ARTICLE VIII

The annual meeting of the stockholders shall be held at the office of the corporation on the second Monday in July of each and every year. The executive officers of this corporation shall be

a President, a Secretary, a Treasurer, and at the option of the stockholders, one or more Vice-Presidents. The office of any one or more may be held by the same person. Such executive officers shall be elected by the stockholders at each annual meeting as foresaid. The stockholders shall have the power to fill any vacancy in any office.

### ARTICLE IX

The first meeting of the incorporated and stockholders for the purpose of organizing and adopting By-Laws and election of officers shall be held at the office of the corporation.

IN WITNES WHEREOF, the party hereto has hereunto set his hand and seal this

day of

David R. Slavens, Incorporator

STATE OF FLORIDA COUNTY OF LEE

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared to me known to the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same.

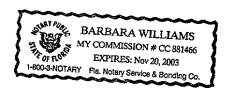
WITNES my hand and official seal at Ft. Myers, Fl and State and County this

14TH day o

day of Manuary

2002.

Notary Public



# CERTIFICATION OF PLACE OF BUSINESS AND DESIGNATION OF RESIDENT AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act: That Dr. DAVID R. SLAVENS, P.A. desires to organize under laws of the state of Florida with principal place of business as indicated in the Articles of Incorporation located in Ft. Myers, Florida has named David R. Slavens its agent to accept service of process in this and designates said address as the Registered Office.

Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby accept to act in this capacity and to comply with the provisions of said act relative to keeping said office open.