10200016197 TRANSMITTAL LETTER

02 FEB - 7 AM 8: 18

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

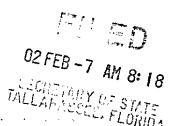
SUBJECT: _	OLD TARPON CHIROPRACTIC, P.A.	
	(proposed corporate name)	400004889814 -02/07/0201027- *****78.75 *****
Enclosed pleas above corpora	se find an original and one (1) copy of the a tion and check in the amount of $\frac{78.75}{}$	articles of incorporation for the
FROM:	Alton J. Gustafson	
	17 E. Tarpon Avenue Address	
	Tarpon Springs, FL., 34689 City, State, & Zip	
	(727) 942-1618 Telephone Number	<u> </u>

Note: Additional copy of articles is needed only when certified copy is requested.

W 2/13

ARTICLES OF INCORPORATION

<u>OF</u>



OLD TARPON CHIROPRACTIC, 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 I NAME

The name of the corporation shall be:

Old Tarpon Chiropractic, P.A.

ARTICLE II PRINCIPAL OFFICE

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

17 E. Tarpon Avenue Tarpon Springs, FL., 34689

ARTICLE III CAPITAL STOCK

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

500 shares @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Alton J. Gustafson 17 E. Tarpon Aveñue Tarpon Springs, FL., 34689

ARTICLE V INCORPORATOR(S)

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

Alton J. Gustafson 17 E. Tarpon Avenue Tarpon Springs, FL., 34689

ARTICLE VI NATURE OF BUSINESS

The nature of business of the Professional Association shall be:

Prodiver of Chiropractic Services.

This filing is in accordance with Florida Statutes, Chapter 621.

The un	dersigne	d has(have) ex	ecuted these	Articles of Incorpora	ation this
	5th day of				
			X Alter	Signature/Title	President
				Signature/Title	
,		,		Signature/Title	<u> </u>

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: OLD TARPON CHIROPRACTIC, P.A.
The state of the s
2. The name and address of the registered agent and office is:
Alton J. Gustafson
Alton J. Gustafson (NAME)
17 E. Tarpon Avenue
(P.O. BOX NOT ACCEPTABLE)
Tarpon Springs, FL., 34689
(CITY/STATE/ZIP)
SIGNATURE A Month State (corporate officer) TITLE President DATE 2-5-02
AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDONS OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE DATE DATE DATE DATE DATE DATE DATE ACCEPT SERVICE OF MY ICLE OF MY ICLE OF MY ICLE OF MY ICLE OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT FILING FEE: \$35.00