

P02000016197

TRANSMITTAL LETTER

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

FILED  
02 FEB -7 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: OLD TARPON CHIROPRACTIC, P.A.  
(proposed corporate name)

400004889814--8  
-02/07/02--01027--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM:

Alton J. Gustafson  
Name  
17 E. Tarpon Avenue  
Address  
Tarpon Springs, FL., 34689  
City, State, & Zip  
( 727 ) 942-1618  
Telephone Number

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

02/13

**ARTICLES OF INCORPORATION**

**OF**

OLD TARPON CHIROPRACTIC, P.A.

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TALLAHASSEE, FLORIDA

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 mailing 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 Avenue  
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:

Provider of Chiropractic Services.

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

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

5th day of February, ~~19~~<sup>XX</sup> 2002.

X Alton J. Gustafson President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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 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: OLD TARPON CHIROPRACTIC, P.A.

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

Alton J. Gustafson

(NAME)

17 E. Tarpon Avenue

(P.O. BOX NOT ACCEPTABLE)

Tarpon Springs, FL., 34689

(CITY/STATE/ZIP)

SIGNATURE X

(corporate officer)

TITLE

President

DATE

2-5-02

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.

SIGNATURE

DATE

Alton J. Gustafson

2-5-02

REGISTERED AGENT FILING FEE: \$35.00

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