720002U059

TRANSMITTAL LETTER

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

Kory Spear, DC, PA
PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX

Enclosed is 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

11026 Water Oak Drive

Port Richey, FL 34668 1000

727-389 -728 | Daytime Telephone number

(B) 1002-2637

-3/8/02

NOTE: Please provide the original and one conv of the orticles



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FLED

2002 MAR -8 PM 4: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

February 22, 2002

KORY SPEAR 11026 WATER OAK DRIVE PORT RICHEY, FL 34668

SUBJECT: KORY SPEAR, DC, PA Ref. Number: W02000002637

We have received your document for KORY SPEAR, DC, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 302A00011122



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED

2002 MAR -8 PM 4: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

January 30, 2002

KORY SPEAR 11026 WATER OAK DRIVE PORT RICHEY, FL 34668

SUBJECT: KORY SPEAR, DC, PA Ref. Number: W02000002637

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Claretha Golden Document Specialist New Filings Section

Letter Number: 102A00005568

DO DOV 6397 Tallahassee, Florida 32314

FILED

ARTICLES OF INCORPORATION

2002 MAR - 8 PM 4: 04 SECRETARY OF STATE 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:

KORY SPEAR, DC, PA

* The principal nature of business of this professional association is: HEALTH CARE CONSULTANT

ARTICLE II PRINCIPAL OFFICE

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

11026 WATER OAK DRIVE PORT RICHEY, FL 34668

ARTICLE III SHARES

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

100 SHARES OF COMMON STOCK HAVING A PAR VALUE

OF \$100 PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

KORY SPEAR 11026 WATER OAK PRIVE PORT RICHEY FL 34668

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

Kory SPEAR 11076 WATER OAK DRIVE PORT RICHEY, FL 34668

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

18 day of JANUARY

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	KORY SPEAR DC, PA	

2. The name and address of the registered agent and office is:		
Kory	SPERR(NAME)	2002 HAR SECRE
11026	O, BOX OF MAIL DROP BOX NOT ACCEPTABLE)	TARY OF ASSEE F
PORT F	WOMEY FL 34668.	STATE LORIDA

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) 01-18-02 (DATE)