

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : JOHN INCORVIA
Account Number : I19990000040
Phone : (305) 681-7877
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FLORIDA PROFIT CORPORATION OR P.A.

Del Grosso Chiropractic, P.A.

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 13, 2002

JOHN INCORVIA

SUBJECT: DEL GROSSO CHIRPRACTIC, P.A.
REF: W02000013785

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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FAX Aud. #: H02000132887
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**ARTICLES OF INCORPORATION
OF
Del Grosso Chiropractic, P.A.**

ARTICLE I. NAME

The name of this corporation shall be **Del Grosso Chiropractic, P.A.**

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 14824 NW 7 Avenue, Miami, FL 33168.

ARTICLE III. CORPORATE PURPOSE

The professional association was formed to conduct chiropractic business.

ARTICLE IV. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares at no par value.

ARTICLE V. REGISTERED AGENT

The name and address of the registered agent is Dr. Robert Del Grosso, 14824 NW 7 Avenue, Miami, FL 33168.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Dr. Robert Del Grosso, 14824 NW 7 Avenue, Miami, FL 33168

The undersigned has executed these Articles of Incorporation this May 3, 2002.


Dr. Robert Del Grosso, Incorporator

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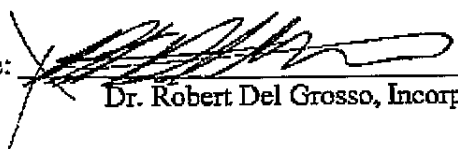
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes sections 48.091 and 607.501, the undersigned corporation, desiring to organize under the laws of the State of Florida, submits the following statement:

1. The name of the corporation is **Del Grosso Chiropractic, P.A.**
2. The address of the registered office is 14824 NW 7 Avenue, Miami, FL 33168
3. The name of the registered agent is Dr. Robert Del Grosso.

Signature: 

Dr. Robert Del Grosso, Incorporator

Date: 5/3/02

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the duties and obligations of this position, I hereby accept appointment as registered agent, agree to act in this capacity and comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Signature: 

Dr. Robert Del Grosso, Registered Agent

Date: 5/3/02

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