

PO20000096031

Robert A. Hawthorne  
3522 SE 5<sup>th</sup> Place  
Cape Coral, Florida 33904

August 1, 2002

Re: A & C Medical, P.A.

000007244680--0  
-08/21/02--01023-012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50


Dear Corporation Division:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A money order in the amount of **\$87.50** is enclosed for the **Filing Fee and a Certified Copy.**

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

  
Robert A. Hawthorne  
Incorporator

Telephone: (239) 910-0409

FILED  
2002 SEP -3 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

630  
W02-24375

✓  
9/5/02



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

FILED

2002 SEP -3 PM 2: 38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

August 21, 2002

ROBERT A. HAWTHORNE  
3522 SE 5TH PLACE  
CAPE CORAL, FL 33904

SUBJECT: A & C MEDICAL, P.A.  
Ref. Number: W02000024375

We have received your document for A & C MEDICAL, P.A. and your check(s) totaling \$87.50. 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: 902A00049275

ARTICLES OF INCORPORATION  
OF  
**A & C Medical, P.A.**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned Incorporator submits these Articles of Incorporation for the purpose of forming a for-profit corporation.

**ARTICLE 1.** The name of the Corporation is:

**A & C Medical, P.A.**

**ARTICLE 2.** The principal place of business and mailing address of this corporation is:

**Office Address:**

12500 World Plaza Lane, Suite 2  
Ft. Myers, Florida 33919

**Mailing Address:**

P. O. Box 7646  
Ft. Myers, FL 33911

**ARTICLE 3.** The corporation is organized for the purpose of providing Chiropractic health care to the general public.

**ARTICLE 4.** The corporation is authorized to issue one class of stock, that being 5000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

**ARTICLE 5.** The name and address of the corporation's initial registered agent is:

**Michael S. Atwood  
8450 Beacon Boulevard  
Ft. Myers, FL 33993**

**ARTICLE 6.** The name and street address of the incorporator of this corporation is:

**Robert A. Hawthorne  
3522 SE 5<sup>th</sup> Place  
Cape Coral, Florida 33904**

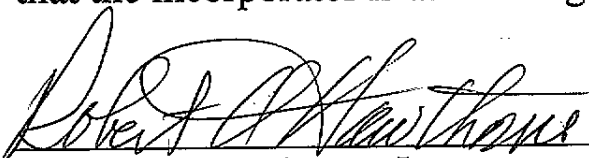
**ARTICLE 7.** The corporation shall have one director initially. The number may be either increased or decreased from time to time by amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one. The name and address of the initial director of this corporation is:

**Michael S. Atwood  
8450 Beacon Boulevard  
Ft. Myers, FL 33993**

**ARTICLE 8.** No director shall be held liable to the corporation or its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct or illegal actions.

**ARTICLE 9.** The initial officers of this corporation shall be President, Vice-President, Secretary and Treasurer.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Articles of Incorporation are true, and that the incorporator is at least eighteen (18) years of age.

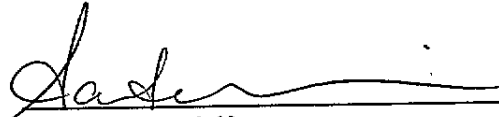
  
Robert A. Hawthorne, Incorporator

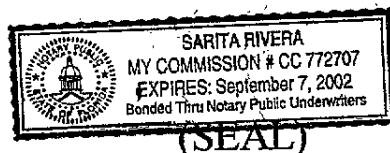
Date: 

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF LEE        )

I HEREBY CERTIFY that on this day before me, a Notary Public duly licensed to take acknowledgements in the State and County aforesaid, personally appeared Robert A. Hawthorne, to me known to be the person described as subscriber in **A & C Medical, P.A.** and who executed the foregoing Articles of Incorporation, who produced Florida Drivers License No.: H365761366580 and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 6 day of August, 2002.

  
\_\_\_\_\_  
Notary Public



CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607, 0501 of the Florida Business Corporation Act, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida:

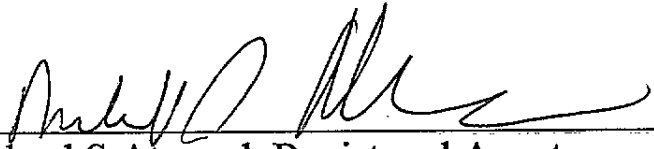
**A & C Medical, P.A.**

The name and address of the corporation's registered agent and registered office is:

**Michael S. Atwood  
8450 Beacon Boulevard  
Ft. Myers, FL 33993**

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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, 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.

  
\_\_\_\_\_  
Michael S. Atwood, Registered Agent

Date of Signature: \_\_\_\_\_

