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Division of Corpor	ations		•	
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	(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)	
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Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation a	and a check for:	
☐ \$70.00	☐ \$78.75	\$78.75	\$87.50 ≧⊈ 5	>
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NOTE: Please provide the original and one copy of the articles.

BM 1017



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 3, 2002

HENRI CLAUDE DOUZE 1881 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311

SUBJECT: BROWARD INJURY CLINIC, P.A.

Ref. Number: W02000028601

We have received your document for BROWARD INJURY CLINIC, 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 document must state the number of shares of authorized stock.

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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 202A00055631

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Injury Clivic, P.A. The principal place of business/mailing address is: its the specific nature of be providing chiropractic services. The number of shares of stock is The name(s), address(es) and title(s): The name and Florida street address of the registered agent is: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity