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

SUBJECT: Midna	cl J.Mallie	Jr. D.O. , P.1	l.	TARS
{P	roposed corporate	name - must include su	flix)	ED AM 9: 12 KEFFLORTEA
Enclosed is an original	and one (1) co	opy of the articles o	f incorporation a	nd a check
for : \$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	79.75 \$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee. Certified Copy & Certificate y Required	·
FROM:		I Mallis Jr. D Idrinted or typedi Hillstone Blue Address	400008 -10/1	33236042 1/0201031012 *78.75 *****78.75
	(454) <u>57</u>	Beach FL ty, State & 2/p 4-0252	33441	<u>.</u> - · · · ·
	Pakitti	Telephone number		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

October 14, 2002

MICHAEL J. MALLIS JR., D.O. 450 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

SUBJECT: MICHAEL J. MALLIS JR. D.O., P.A.

Ref. Number: W02000029548

We have received your document for MICHAEL J. MALLIS JR. D.O., P.A. 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) 245-6878.

Letter Number: 602A00057225

Alan Crum Document Specialist New Filing Section

ARTICLES OF INCORPORATION

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.
OZ OCI
FILE OCT 24 CRETARY LAHASSE
ARTICLE I NAME ARTICLE I NAME The name of the corporation shall be:
Michael J maus Jr. D. P.A
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
450 W Idelabora Blud.
Derfield Beach II 33441 Purpour la topractice medicine as a Dator of Ostespath
Purpose is to practice medicine as a Doctor of Ostesports
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One hundred Should at \$1 per volue
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:
microul I males In Do
450 W Iduesboro Blud
Desepted Beach II
33441

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

micrael J Mario Ir Do 450 W Helsboro Blud Derfuld Beach 21 33441

Director, President, Vice President Secretary & Treasurer

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

25 day of 3 September, 19-2002.

Signature

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.

1. The name of the corporation is:	Michael J Malus Jr.	Do	.,26	Ĵ
2. The name and address of the re	gistered agent and office is:	BECRET!	02 OCT 2	71
Mic	had Imales Ir Do	ARY OF	24 AH	ILED
.450	Box of Mail Drop Box NOT ACCEPTABLE)	STATE	9: 12	•
Deent	uld Beach II 33441			

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 femiliar with and accept the obligations of my position as registered agent.

(DATE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLATIASSEE, FL 32314