

PD3000034363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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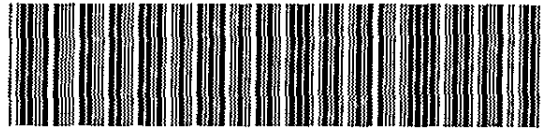
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 21 PM 1:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314**

MARCH 4, 2003

SUBJECT: HEALTHMAXX, PA

**ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE
ARTICLES OF INCORPORATION AND A CHECK FOR
\$70.00 FOR THE FILING FEE.**

**FROM: EDWARD FLAXMAN
 P.O. BOX 740162
 BOYNTON BEACH, FL. 33474-0162
 561-688-9588**

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03 MAR 21 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HEALTHMAXX, P.A

ARTICLE II PRINCIPAL OFFICE

The principal office of business/mailing address is:

5799 PADDINGTON WAY
BOCA RATON, FLORIDA 33496

ARTICLE III PURPOSE

The purpose of the business is Chiropractor.

ARTICLE IV SHARES

The number of shares of stock is 500 (FIVE HUNDRED)

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name of the initial officer/director is:

SETH ESTRIN D

ARTICLE VI REGISTERED AGENT

The name and address of the registered agent is:

Edward Flaxman
6664 Conch Court
Boynton Beach, Fl. 33437

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

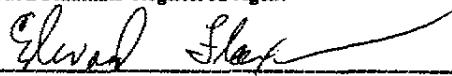
Edward Flaxman
P.O. Box 740162
Boynton Beach, Fl. 33474-0162

Having been named as registered agent to accept process of service 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.



DATE 3/4/03

Edward Flaxman/ Registered Agent



DATE 3/4/03

Edward Flaxman/Incorporator