

Florida Department of State

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Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 = (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

WESTON CHIROPRACTIC, INC.

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Certificate of Status	0
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Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION OF WESTON CHIROPRACTIC, INC.

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.

ARTICLE I NAME

WESTON CHIROPRACTIC, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1875 NORTH CORPORATE LAKES BLVD.
WESTON, FL 33326

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is SEVEN THOUSAND FIVE HUNDRED (7,500) shares having a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV INCORPORATOR

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): ANTHONY G. COLEMAN, JR. 3275 W. HILLSBORD BLVD. #207 DEERFIELD BEACH, FL 33442

ARTICLE V INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of this Corporation is one (1). The number of Directors may be either increased or decreased from time to time by an amendment of the by-laws but shall never be less than one (1). The names and addresses of the initial Board of Directors are: JOHN FRANCAVILLA
1875 NORTH CORPORATE LAKES BLVD.
WESTON, FL 33326

These Articles of Incorporation Prepared By: ANTHONY G. COLEMAN, JR., Esq. 3275 West Hillsboro Boulevard Suite 207 Decyfield Beach, Florida 33442 (954) 354-2785 Florida Bar Number 368563

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name(s) and address of the initial registered agent is:

ANTHONY G. COLEMAN, JR. 3275 W. HILLSBORO BLVD. #207 DEERFIELD BEACH, FL 33442

The undersigned has (have) executed these Articles of Incorporation this date: MAY 13-2003

ANTHONY G. COLEMAN, JR., Incorporator

CERTIFICATE OF DESIGNATION 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: WESTON CHIROPRACTIC, INC.
- The name and address of the registered agent and office is: ANTHONY G. COLEMAN, JR.
 3275 W. HILLSBORO BLVD. #207 DEERFIELD BEACH, FL 33442

SIGNATURE TITLE:

INCORPORATOR

DATE: MAY 13, 2003

Having been named Registered Agent 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.

Registered Agent

- MAY 13, 2003

Date

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