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### TRANSMITTAL LETTER

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

SUBJECT: Neal C. Sayers. P.A.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM: Neal C. Sayers, P.A.

4505 Carrollwood Village Dr.

Tampa, FL 33624-4614

(813) 269-2793

# 03 JUN -6 PM 12: 28

## ARTICLES OF INCORPORATION OF Neal C. Sayers, P.A.

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

The name of the corporation shall be:

Neal C. Sayers, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4505 Carrollwood Village Dr. Tampa, Fl 33624-4614

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Neal C. Sayers 4505 Carrollwood Village Dr. Tampa, FI 33624-4614

### ARTICLE V INCORPORATOR(S)

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

Neal C. Sayers 4505 Carrollwood Village Dr. Tampa, Fl 33624-4614

### ARTICLE VI PURPOSE

The purpose of this organization is to practice Chiropractic medicine.

Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

Neal C. Sayers, P.A.

2. The name and address of the registered agent and office is:

Neal C. Sayers 4505 Carrollwood Village Dr. Tampa, FI 33624-4614

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERIFICATE, 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.

SIGNATURE

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TALLAHASSEF OF STATE