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(Business Entity Name)

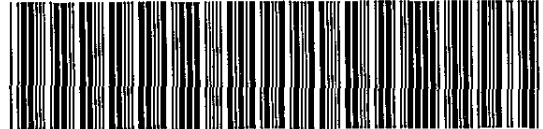
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RECEIVED
03 OCT 15 AM 10:36
DIVISION OF CORPORATION

03 OCT 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

94 10/15



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October 15, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Marion Chiropractic Associates, P.A.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF INCORPORATION
OF**

MARION CHIROPRACTIC ASSOCIATES, P.A.

FILED
03 OCT 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

MARION CHIROPRACTIC ASSOCIATES, P.A.

II.

The specific purpose for which the corporation is organized is to engage in any and all activities a licensed chiropractor is authorized to perform by Chapter 460, Florida Statutes, and shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 621, Florida Statutes. The corporations shall have all the powers set forth in Chapter 607, Florida Statutes subject to the limitations as set forth in Chapter 621, as those Statutes are amended from time to time.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

**10623 S.E. 142nd Avenue Road
Ocklawaha FL 32179**

and the name of its initial Registered Agent at such address shall be: **LESLIE J. VAZOULAS**

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

LESLIE J. VAZOULAS
10623 S.E. 142nd Avenue Road
Ocklawaha FL 32179

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 14 day of October, 2003.



LESLIE J. VAZOULAS

STATE OF FLORIDA
COUNTY OF MARION

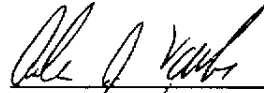
BEFORE ME, a Notary Public this day personally appeared **LESLIE J. VAZOULAS**,
(☒) who is personally known to me or produced _____ as
identification who executed the foregoing instrument and acknowledged before me the execution
thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 14 day of
October, 2003.




Notary Public, State of Florida
My Commission Expires:

Having been named Registered Agent of MARION CHIROPRACTIC ASSOCIATES, P.A.,
I hereby accept said office and agree to comply with the provisions of Chapter 621, Florida Statutes
as same pertain to the office of Registered Agent.



LESLIE J. VAZOULAS
Registered Agent

03 OCT 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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