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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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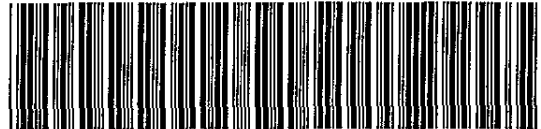
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-15-04
B

TRANSMITTAL LETTER

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

SUBJECT: A A A Accident Center, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Tod A. Howard
Name (Printed or typed)

826 6th Street NW
Address

Winter Haven, FL 33881
City, State & Zip

(863) 293-9394
Daytime Telephone number

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

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:

A A A Accident Center, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

826 6th Street NW
Winter Haven, Fl 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic Care

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

| | |
|------------------------|-------------------|
| Dr. Tod A. Howard | Will L. Vital |
| 826 6th Street NW | P.O. Box 551439 |
| Winter Haven, Fl 33881 | Orlando, Fl 32855 |

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Will L. Vital
2745 Myakka Drive
Orlando, Fl 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

will l vital
p.o.box 551439
orlando,fl 32855

Having been named as registered agent to accept service of process 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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA