P04000046042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SOUTH BROWARD CHIROPRACTIC 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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Keith Buchalter
Name (Printed or typed)

427 Sheridan St.
Address

Dania Beach, Fl 33004
City, State & Zip

(954) 929-1888
Daytime Telephone number

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

SOUTH BROWARD CHIROPRACTIC CENTER

GOOD HEALTH THROUGH CHIROPRACTIC

DR. KEITH M. BUCHALTER
427 E. Sheridan St.
Dania Beach, FL 33004

Telephone: (954) 929-1888
Fax: (954) 929-1770

MARCH 3 2004

Division of Corporations

To whom it may concern,

Enclosed is My Application for my corporation, and my check for $87.50.

I contacted the IRS and they told me My tax ID # is still active and I can keep the same number.

65-0448016

Please contact me if you require any additional information.

Thanks,

Dr. Keith Buchalter

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:

SOUTH BROWARD CHIROPRACTIC CENTER , INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

427 Sheridan St.
Dania Beach, Fl 33004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractic clinic

ARTICLE IV SHARES

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Keith Buchalter, President

ARTICLE VI REGISTERED AGENT

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

Dr. Keith Buchalter
3400 N. 40 st.
Hollywood, Fl 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Dr. Keith Buchalter
3400 N. 40 st.
Hollywood, Fl 33021

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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 — March 3 2004
Date

Signature/Incorporator — March 3 2004
Date