

	(Requestor's Name)	
	(Address)	
	Address)	
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PICK-UP	MAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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	Office Use Only	
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05/17/04--01009--001 **78.75

TRANSMITTAL LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	FOSTER J CULLEM IV	(Printed or typed)		
	103 INLET DRIVE		<u>. (4.4)</u> .	
	ST AUGUSTINE, FL 320	080 State & Zip		
	1-904-254-0806	·	<u></u>	
Daytime Telephone number				

SUBJECT: CULLUM CHIROPRACTIC CENTERS, INC.

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)

NAME ARTICLE I

The name of the corporation shall be:

CULLUM CHIROPRACTIC CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

130 4TH AVENUE SOUTH, JACKSONVILLE BEACH, FL 32250

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE CHIROPRACTIC SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES COMMON - NO PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SHEILA CULLUM

FOSTER J CULLUM IV

103 INLET DRIVE, ST AUGUSTINE, FL 32080 PRESIDENT 103 INLET DRIVE, ST AUGUSTINE, FL 32080 VICE PRES.

ARTICLE VI REGISTERED AGENT

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

FOSTER J CULLUM IV 103 INLET DRIVE, ST AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

FOSTER J CULLUM IV 103 INLET DRIVE, ST AUGUSTINE, FL 32080

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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent