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#### LAW OFFICES OF

### WILLIAMS, RISTOFF & PROPER, P.L.C.

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July 8, 2004

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

Attn: Corporate Filing Department

Re: Articles of Incorporation of: Ligertwood Chiropractic Clinic, Inc.

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Incorporation for the above referenced corporation, together with our check in the amount \$78.75, which represents the filing fees and the cost for a certified copy of the same.

I would appreciate your filing the Articles of Incorporation and thereafter providing a certified copy of same to this office. I am enclosing a pre-paid return FedEx envelope for same. Thank you for your courtesies and attention in this matter.

Sincerely,

Stephen R. Williams

Signed in his absence to avoid delay.

Stephen R. Williams

SRW/maf

Enc.

# ARTICLES OF INCORPORATION OF LIGERTWOOD CHIROPRACTIC CLINIC, INC.

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We, the undersigned incorporators, hereby make Asubscribe FLORIDA acknowledge and file with the Secretary of State of the State of Florida, these Articles of Incorporation for the purpose of forming a corporation for profit in accordance with the laws of the State of Florida.

#### ARTICLE I. NAME

The name of this corporation shall be LIGERTWOOD CHIROPRACTIC CLINIC, INC.

#### ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The principal office and address of said corporation is 7021 Bougenville Dr., Port Richey, Florida 34668.

#### ARTICLE III. PURPOSE

The general purpose of which this corporation is organized includes the transaction of any and all lawful businesses, both domestic and abroad, for which corporations may be organized under Chapter 607 of the Florida Statute.

#### ARTICLE IV. CAPITAL STOCK

The maximum number of shares to be issued by this corporation shall be One Thousand (1,000) shares of common stock with a par value of One (\$1.00) Dollar each.

#### ARTICLE V. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share at the price at which it is offered to others.

#### ARTICLE VI. REGISTERED AGENT

The Registered Agent of this corporation shall be PAUL LIGERTWOOD and the Registered Address of the corporation shall be 7021 Bougenville Drive, Port Richey, Florida 34668. The Registered Agent does hereby accept and is familiar with the duties of being designated as Registered Agent.

#### ARTICLE VII. DIRECTORS

This corporation shall have One (1) director initially.

The number of directors may be increased or decreased from time to time by the By Laws, but shall never be less than one. The name

and address of the initial directors of this corporation are:

PAUL LIGERTWOOD 7021 Bougenville Drive Port Richey, FL 34668

#### ARTICLE VIII. INCORPORATORS

The name(s) and address(es) of the incorporators to this corporation and number of shares they elect to take is/are:

PAUL LIGERTWOOD 7021 Bougenville Drive Port Richey, FL 34668 600 Shares

#### ARTICLE IX. AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

#### ARTICLE X. EFFECTIVE DATE

This corporation shall be in existence and effective upon the date of the filing these Articles of Incorporation.

WITNESSES:

PAUL LIGERTWOOD, Incorporator

#### STATE OF FLORIDA COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared PAUL LIGERTWOOD, who executed the foregoing instrument, acknowledged that he signed and sealed the said instrument, and did so freely and voluntarily for the uses and purposes therein mentioned.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 2004.

My Commission Expires: PERSONALLY KNOWN PRODUCED IDENTIFICATION Frampton MY COMMISSION # DD041075 EXPIRES AUGUST 20, 2005 CONDED THRU TROY FAIN INSURANCE, INC. WITNESSES: PAUL LIGERTWOOD Registered Agent STATE OF FLORIDA

COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared PAUL LIGERTWOOD, who executed the foregoing instrument, and acknowledged that he/she signed and sealed the said instrument, and did so freely and voluntarily for the uses and purposes therein mentioned.

WITNESS my hand and official seal this  $\mathcal{S}^{\psi}$ \_\_\_\_, 2004. My Commission Expires: PERSONALLY KNOWN PRODUCED IDENTIFICATION:

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

Pursuant to the provisions of Section 607.0501, Florida Statutes, the aforementioned corporation, organized inder the Laws of the State of Florida, submit the following statement aim designating the Registered Office/Registered Agent, in the State of Florida:

1. The name of the corporation is:

LIGERTWOOD CHIROPRACTIC CLINIC, INC.

2. The name and street address of the Registered Agent and Office is:

PAUL LIGERTWOOD 7021 Bougenville Drive Port Richey, FL 34668

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

Paul Ligertwood