

P04000147301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041722207

10/18/04--01023--008 **78.75

FILED

2004 OCT 26 A 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~700041722207~~
RA S/S

10/27/04



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 19, 2004

ANN BITTINGER
THE BITTINGER LAW FIRM
14286-19 BEACH BOULEVARD #400
JACKSONVILLE, FL 32250

SUBJECT: FT. CAROLINE CHIROPRACTIC CLINIC, P.A.
Ref. Number: W04000038372

We have received your document for FT. CAROLINE CHIROPRACTIC CLINIC, P.A.. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 804A00059900



The Bittinger Law Firm

A PROFESSIONAL ASSOCIATION

Healthcare - Corporate - Contracts

14286-19 Beach Boulevard #400
Jacksonville, FL 32250

ANN M. BITTINGER
ann@bittingerlaw.com
(904) 821-8480

October 22, 2004

Loria Poole
Document Specialist
New Filings Section
Division of Corporations
P.O. Box 6327
409 E. Gaines Street
Tallahassee, FL 32399

RE: Ft. Caroline Chiropractic Clinic, P.A.


Dear Ms. Poole:

Thank you for bringing to our attention the fact that we omitted the registered agent signature. It is on the enclosed, revised Articles.

Please return all correspondence concerning this matter to the following:

Ann Bittinger, Esq.
The Bittinger Law Firm
14286-19 Beach Boulevard Box 400
Jacksonville, FL 32250

Sincerely,



Ann Bittinger

Enc.

**ARTICLES OF INCORPORATION
OF
FT. CAROLINE CHIROPRACTIC CLINIC, P.A.**

THE UNDERSIGNED, who is duly licensed to practice chiropractic medicine in the State of Florida, desiring to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation and Limited Liability Company Act, adopts the following Articles of Incorporation.

I. NAME

The name of the Professional Corporation is **Ft. Caroline Chiropractic Clinic, P.A.**

II. PURPOSE

The purpose for which the Professional Corporation is organized is to practice the profession of chiropractic medicine.

III. ELECTION UNDER PROFESSIONAL CORPORATION ACT

The Professional Corporation elects to be governed by the provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

IV. DURATION

The term of existence of the Professional Corporation is perpetual.

V. CAPITAL STOCK

The number of shares the Professional Corporation is authorized to issue is Five Hundred (500), all of which shall be common shares with the par value of Ten Dollars (\$10).

VI. STATED CAPITAL

The amount of capital with which the Professional Corporation shall begin business is One Hundred Dollars (\$100).

VII. REGISTERED OFFICE

The street address of the Professional Corporation's initial registered office in this State is 4027 Glenhurst Drive North, Jacksonville, FL 32224. The initial registered agent at the registered office is Ann Bittinger, Esquire.

Ann Bittinger
Registered Agent Signature

VII. PRINCIPAL OFFICE

The mailing address of the initial principal office of the Professional Corporation is 13607 Osprey Point Drive, Jacksonville, FL 32224.

FILED
2009 OCT 22 AM 11:54
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

IX. INCORPORATORS

The names and post office addresses of the incorporators are the following:

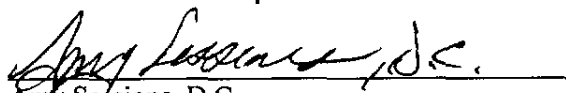
Amy Sessions, D.C., 13607 Osprey Point Drive, Jacksonville, FL 32224.

X. DIRECTORS

The initial Board of Directors shall consist of one member. The name and address are as follows:

Amy Sessions, D.C., 13607 Osprey Point Drive, Jacksonville, FL 32224.

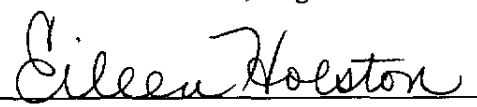
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on October 8, 2004.


Amy Sessions, D.C.
Florida License Number CH8005

STATE OF FLORIDA))
COUNTY OF DUVAL))

On October ¹²~~8~~, 2004, before me Eileen Holston, the undersigned officer, personally appeared Amy Sessions, D.C., known to me to be the person whose name is subscribed to this document, and acknowledged that she executed the document for the purposes contained within it.

IN WITNESS WHEREOF, I sign here and set my official seal.


Name AVP
Title _____

My commission expires Mar 27, 2008



FILED
2004 OCT 26 A 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA