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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 APR 21 PM 4:37

N. Culligan APR 21 2005

## TRANSMITTAL LETTER

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

SUBJECT: NORTH FLORIDA 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: Michael W Wood  
Name (Printed or typed)

914 NORTH OHIO AVE  
Address

LIVE OAK, FL 32064  
City, State & Zip

386-362-2022  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 13, 2005

MICHAEL W. WOOD  
914 NORTH OHIO AVENUE  
LIVE OAK, FL 32064

SUBJECT: NORTH FLORIDA CHIRPRACTIC CENTER, INC.  
Ref. Number: W05000018743

We have received your document for NORTH FLORIDA CHIRPRACTIC CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 605A00025312

RECEIVED  
05 APR 21 PM 12:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# 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:

NORTH FLORIDA ~~CHIROPRACTIC~~ CENTER, INC  
chiropractic

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

914 North OHIO AVE  
LIVE OAK, FL 32064

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CHIROPRACTOR

## 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):

michael w wood - Pres, V.Pres, Secretary & TREASURER  
914 North OHIO AVE  
LIVE OAK, FL 32064

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

michael w wood  
914 North OHIO AVE  
LIVE OAK, FL 32064

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

michael w wood  
914 North OHIO AVE  
LIVE OAK, FL 32064

\*\*\*\*\*

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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 APR 21 PM 4:37

04-05-05

04-05-05