P0500058969

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04/07/05--01023--004 **78.75

SECRETARY PERSON

TRANSMITTAL LETTER

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

SUBJECT: NORTH FLORIDA CHIRPRACTIC CENTER, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 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:	Michae Name	(Printed or typed)	
-		OHIO A UE	
-	LIVE CAK	State & Zip	D64_
	386-362	1-2027	

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

Daytime Telephone number



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):

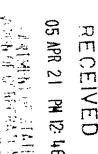
It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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



~	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	eres.
ARTICLE I NAME The name of the corporation shall be: NORTH FLORIDA CHIRPRACTIC Chiropractic	CENTEK, IAC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 914 North OHIO AUE LIVE DAK, FL 32064 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CHIRDPRACTOR	RECRETARY OF STATE ALLANDS APR 21 PM 4: 37
ARTICLE IV SHARES The number of shares of stock is:	J 9
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Michael W WOOD - Pres 914 North OHIO AUE LIVE OAK, FL 32064	V. Pres, Secretary & Treasures
The name and Florida street address (P.O. Box NOT acceptable) of Michael W WOOD ALL W HORAL BATICLE VII INCORPORATOR The name and address of the Incorporator is:	the registered agent is:
michael w wood 914 North OHIO AVE LIVE OAK, FL 33064	********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a	stated corporation at the place designated in this
Signature/Registered Agent	04-05-05 Date

Signature/Incorporator