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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

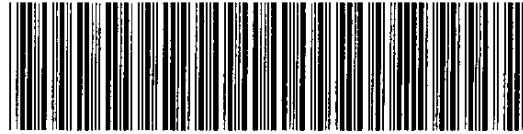
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH



Mark S. Maier, D.C.

Michael T. Kelly, D.C.

August 30, 2007

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

To: Whom it May Concern

Re: Florida Chiropractic, Inc.

Per my conversation with Karen Saly today, please find our application to acquire Florida Chiropractic Inc. Michael T. Kelly, DC and Mark S. Maier, DC, managing members of Florida Chiropractic LLC, wish to acquire Florida Chiropractic, Inc. Our application was rejected via the internet due to the fact that Florida Chiropractic Inc. was too similar to Florida Chiropractic LLC. I was advised the send this letter with my paper application stating the managing members of Florida Chiropractic LLC request the corporation Florida Chiropractic, Inc.

Should you have any questions or concerns, please contact either of us at our office (772) 878-6500.

Sincerely,

Michael T. Kelly DC, Mgr.
Florida Chiropractic, LLC

Mark S. Maier, DC, Mgrm.
Florida Chiropractic, LLC

Enclosure

COVER LETTER

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

SUBJECT: Florida Chiropractic, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mark S. Maier, D.C.
Name (Printed or typed)

148 SW Exora Terrace
Address

Port St Lucie, Florida 34953
City, State & Zip

772-878-6500
Daytime Telephone number

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Florida Chiropractic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

148 SW Exora Terrace
Port St Lucie, Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractor

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mark S. Maier, D.C.
148 SW Exora Terrace
Port St Lucie, Florida 34953
President

Michael T. Kelly, D.C.
5347 NW Alam Circle
Port St Lucie, Florida 34986
Vice-President

ARTICLE VI REGISTERED AGENT

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

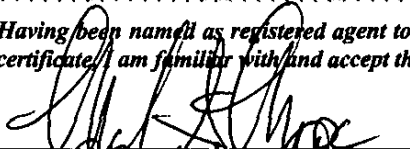
Mark S. Maier, D.C.
148 SW Exora Terrace
Port St Lucie, Florida 34953

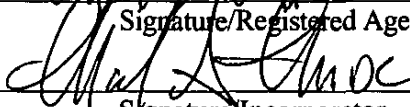
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark S. Maier, D.C.
148 SW Exora Terrace
Port St Lucie, Florida 34953

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


Signature/Incorporator

8/30/07
Date
8/30/07
Date