

PD8000024471

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Special Instructions to Filing Officer:

W08-10061

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAR -7 PM 1:08

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2008

LARRY VASSILAKIS  
5311 GEORGIA PEACH AVENUE  
PORT ORANGE, FL 32128

SUBJECT: ALL CARE CHIROPRACTIC CENTER INC  
Ref. Number: W08000010061

We have received your document for ALL CARE CHIROPRACTIC CENTER INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P02000004233 - ALL CARE CHIROPRACTIC CENTER, INC..

Please return 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  
Regulatory Specialist II

Letter Number: 508A00011921

RECEIVED  
08 MAR -7 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: All Care Chiropractic & Wellness 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: Harry Vassilakis

Name (Printed or typed)

5311 Georgia Peach Avenue

Address

Port Orange Florida 32128

City, State & Zip

3862128612

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)

### **ARTICLE I      NAME**

The name of the corporation shall be:

**All Care Chiropractic & Wellness Center Inc.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
70 Spring Vista suite 3/c  
DeBary Florida 32713

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
Any and All lawful business

### **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):

Harry Vassilakis, CEO  
5311 Georgia Peach Avenue  
Port Orange Florida 32128

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

Harry Vassilakis  
5311 Georgia Peach Avenue  
Port Orange Florida 32128

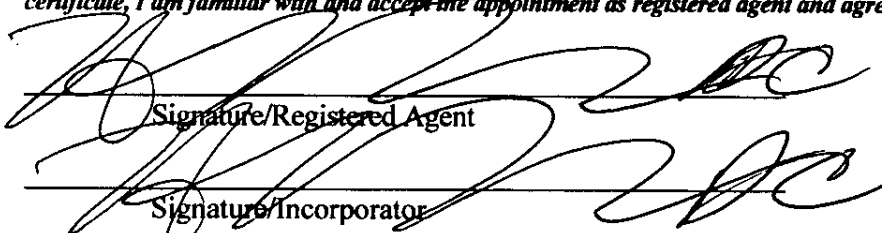
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Harry Vassilakis  
5311 Georgia Peach Avenue  
Port Orange Florida 32128

\*\*\*\*\*

*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

\_\_\_\_\_  
3/1/2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
3/1/2008

\_\_\_\_\_  
Date

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2008 MAR -7 PM 1:08  
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TALLAHASSEE, FLORIDA