

PO8000055617

Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

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FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDA CHIROPRACTIC SERVICES, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

ARTICLE IV - PURPOSE

ARTICLE IV SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

6-5-58

Date _____

6-5-08

Date _____