

PO80000070634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

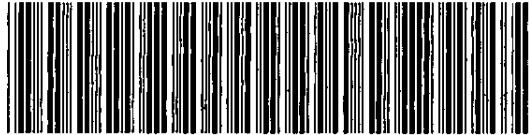
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

408-34B/K

Office Use Only

07/28/2008



000133121860

07/21/08--01037--018 **87.50

2008 JUL 28 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JUDY THOMPSON D.C., P.A.
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: JUDY THOMPSON
Name (Printed or typed)

2000 N CONGRESS AVE., #222
Address

WEST PALM BEACH, FL 33409
City, State & Zip

561-629-2235
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

JUDY THOMPSON
2000 N CONGRESS AVE.
#222
WEST PALM BEACH, FL 33409

SUBJECT: JUDY THOMPSON D.C., P.A.
Ref. Number: W08000034314

We have received your document for JUDY THOMPSON D.C., P.A. 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 specific business purpose of the professional association must be stated in the document.

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: 708A00042367

1009 JUL 28 PM 3:14

SECRETARY OF STATE
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:

JUDY THOMPSON D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

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

2000 N CONGRESS AVE., #222
WEST PALM BEACH, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE
UNITED STATES AND OF THE STATE OF FLORIDA. *THE SPECIFIC PURPOSE OF THE P.A.
IS IN THE BUSINESS OF THE PRACTICE OF CHIROPRACTIC SERVICES.*

ARTICLE IV SHARES

The number of shares of stock is:
1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUDY THOMPSON - 2000 N CONGRESS AVE., #222, WEST PALM BEACH, FL 33409 - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JUDY THOMPSON - 2000 N CONGRESS AVE., #222, WEST PALM BEACH, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUDY THOMPSON - 2000 N CONGRESS AVE., #222, WEST PALM BEACH, FL 33409

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

Dr Judy Thompson
Signature/Registered Agent

JULY 17, 2008

Date

Dr Judy Thompson
Signature/Incorporator

JULY 17, 2008

Date