

PO8000075521

(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:

Dr. Michael McDaniel **MAVE**
AUTHORIZATION BY PHONE TO
CORRECT *Article III*
DATE *8/13/08*
DOC. EXAM *MRS*

Office Use Only



800134400968

08/13/08--01024--011 **78.75

FILED
08 AUG 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 8/13

COVER LETTER

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

SUBJECT: The Spine and Disc Center, 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
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: Dr. Michael Nathan M. Daniels, DC
Name (Printed or typed)

2285 Marsh Hawk Lane #20-103
Address

Orange Park, FL 32003
City, State & Zip

561-314-9624
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

The Spine and Disc Center, P.A.

08 AUG 13 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

*2285 Marsh Hawk Lane #20-103
Orange Park, FL 32003*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate a legal business of Chiropractic

ARTICLE IV SHARES

The number of shares of stock is: *1,000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*President & Director Dr. Michael Nathan McDaniels, DC
2285 Marsh Hawk Lane #20-103
Orange Park, FL 32003*

ARTICLE VI REGISTERED AGENT

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

*Brandon D. Beardsley
1510 N. Ponce De Leon Blvd., Ste. B
St. Augustine, FL 32084*

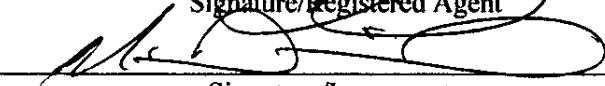
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dr. Michael Nathan McDaniels, DC
2285 Marsh Hawk Lane #20-103
Orange Park, FL 32003*

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

8/5/08
Date

8/5/08
Date