

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : I20040000178
Phone : (813) 225-1040
Fax Number : (813) 221-3135

RECEIVED OCT - 3 2008

FLORIDA PROFIT/NON PROFIT CORPORATION

Elite Injury Center, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

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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:

ELITE INJURY CENTER, INC

ARTICLE II PRINCIPAL OFFICE

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

1205 SALT LAKE DRIVE
TARPON SPRINGS, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CHIROPRACTIC CLINIC

ARTICLE IV SHARES

The number of shares of stock is:
100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARBARA A. FRANGOS
1205 SALT LAKE DRIVE
TARPON SPRINGS, FL 34689

ARTICLE VI REGISTERED AGENT

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

BARBARA A. FRANGOS
1205 SALT LAKE DRIVE
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA A. FRANGOS
1205 SALT LAKE DRIVE
TARPON SPRING, FL 34689

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X Barbara A. Frangos
Signature/Registered Agent
X Barbara A. Frangos
Signature/Incorporator

X 10/3/08
Date
X 10/3/08
Date

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