P09000018641

FEB 2009 PM

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000045559 3)))

H09000045583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

RECEIVED
DEPARTMENT OF STATE
09 FEB 26 PM 3:48

FLORIDA PROFIT/NON PROFIT CORPORATION

WELLNESS AND REHABILITATION CENTER OF POMPANO, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

FILED
2009 FEB 26 P 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

2-25-09

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:

Wellness and Rehabilitation Center of Pompano P.A.

ARTICLE II PRINCIPAL OFFICE

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

950 N. Federal Hwy #103
Pompano Beach FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of this business is to treat patients using chiropractic and physical therapy medical clinic

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. Stephanie Fallon - President
950 N. Federal Hwy #103
Pompano Beach FL 33062

FILED
2009 FEB 26 P 12:24
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:

Stephanie Fallon
950 N. Federal Hwy #103
Pompano Beach FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie Fallon
950 N. federal Hwy #103
Pompano Beach FL 33062

****

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 — 2-25-09 Date

Signature/Incorporator — 2-25-09 Date