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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-29-09  
6048-6  
200

## COVER LETTER

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

**SUBJECT:** Delray Family Chiropractic & Rehab Center, Inc  
(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:** Delray Family Chiropractic & Rehab Center, Inc  
Name (Printed or typed)

601 North Congress Ave Suite 420  
Address

Delray Beach, FL 33445  
City, State & Zip

561-330-3885  
Daytime Telephone number

Desrosiers2005FLCareer@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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)

### ARTICLE I NAME

The name of the corporation shall be:

Delray Family Chiropractic & Rehab Center, Inc

### ARTICLE II PRINCIPAL OFFICE

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

601 North Congress Ave Suite 420

Delray Beach, FL 33445

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chiropractor

### 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):

Morilus Dat

7103 Ivy Crossing Lane

Boynton Beach, FL 33436

### ARTICLE VI REGISTERED AGENT

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

Morilus Dat

7103 Ivy Crossing Lane

Boynton Beach, FL 33436

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

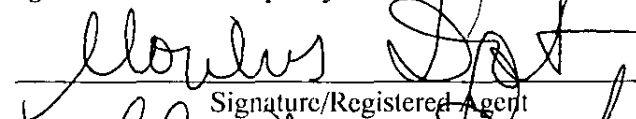
Morilus Dat

7103 Ivy Crossing Lane

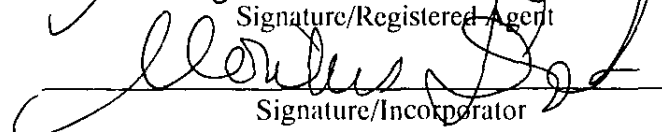
Boynton Beach, FL 33436

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*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

9-21-09  
Date

  
Signature/Incorporator

9-21-09  
Date

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2009 SEP 25 P 3 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA