

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Clearwater Health & Injury Ctr, P.A.**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Clearwater Health & Injury Ctr, P.A.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Clearwater Health & Injury Ctr, P.A.  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

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TALLAHASSEE, FLORIDA

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 SHARES at No Par Value**

### ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: **Chiropractic**

**Prepared By:**  
**Bruce B. Hubbard**  
**77 East John St.**  
**Hicksville, New York 11801**  
**1-516-935-3940**

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**David Poces  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

**ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**David Poces - President/Director  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

**ARTICLES VII INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**David Poces  
4501 North Ocean Boulevard TH1  
Boca Raton, FL 33431**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of October 2009.

  
**David Poces**  
SIGNATURE

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Clearwater Health & Injury Ctr, P.A.

2. The name and address of the registered agent and office is:

David Poces

Name

4501 North Ocean Boulevard TH1

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33431

(City / State / Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
David Poces  
SIGNATURE

October 2, 2009  
(Date)

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