

PI0000027007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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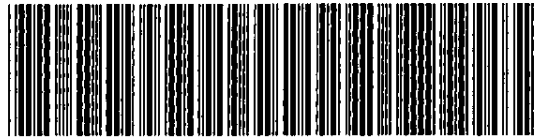
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-29-10 dh

COVER LETTER

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

SUBJECT: Dr. Kenneth S. Ross DC, JD, PA

(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. Kenneth S. Ross

Name (Printed or typed)

1002 W. SR 436, Suite 1002

Address

Altamonte Springs, FL 32714

City, State & Zip

407-875-2000

Daytime Telephone number

backphysician@gmail.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:

Dr. Kenneth S. Ross DC, JD, PA

ARTICLE II PRINCIPAL OFFICE

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

1002 W. SR 436, Suite 1002

Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical chiropractic and medical services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Kenneth S. 1002 W SR 436, Altamonte Spgs. President
Ross DC, JD Suite 1002 Florida. 32714

ARTICLE VI REGISTERED AGENT

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

Dr. Kenneth S. Ross DC JD

1002 W. SR 436, Suite 1002

Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

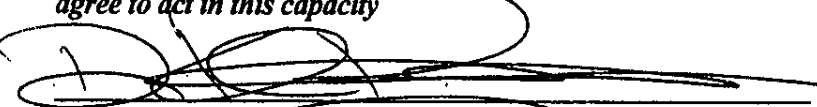
The name and address of the Incorporator is:

Dr. Kenneth S. Ross DC JD

1002 W SR 436, Suite 1002

Altamonte Spgs. FL 32714

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

3/23/10

Date

3/23/10

Date

FILED
10 MAR 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA