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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257

Phone : (850)224-8870

Fax Number

: (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION BOCA RATON WELLNESS & REHAB CENTER, P.A.

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch, APR & 20181

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME ARTICLE I

The name of the corporation shall be:

BOCA RATON WELLNESS & REHAB CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 5701 N. FEDERAL HWY **BOCA RATON, FL 33487**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHIROPRACTIC, PHYSICAL THERAPY, MASSAGE THERAPY, MEDICAL REHAB FACILITY

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT B. STOLTZ, PRESIDENT, 5701 N. FEDERAL HWY, BOCA RATON, FL 33487

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ROBERT B. STOLTZ 5701 N. FEDERAL HWY

BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT B. STOLTZ 5701 N. FEDERAL HWY BOCA RATON, FL 33487

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Signatule/Registered Agent

Signature/Incorporator