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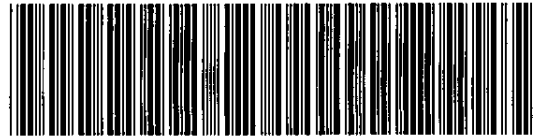
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 JUL 21 PM 4:40

5/7/23/10

COVER LETTER

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

SUBJECT: Anclote Chiropractic and Injury 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: Dr. Robert L. Gold
Name (Printed or typed)

2435 U.S. Hwy 19 South, Suite 400
Address

Clear Holiday, FL 34691
City, State & Zip

727-940-3729
Daytime Telephone number

gold93@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2010 JUL 21 PM 4:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

Anelote Chiropractic and Injury Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2435 U.S. Hwy 19 South, Suite 460 Holiday, FL 34691

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Facility

ARTICLE IV SHARES

The number of shares of stock is:

10 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Robert L. Gold - President

2435 U.S. Hwy 19 South, Suite 460 Holiday, FL 34691

ARTICLE VI REGISTERED AGENT

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

Dr. Robert L. Gold -

2435 U.S. Hwy 19 South, Suite 460
Holiday, FL 34691

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Dr. Robert L. Gold

PO Box 5221

Cleawater, FL 33758

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

7/16/2010

Date

7/16/2010

Date

Signature/Incorporator