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Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6381

From: Account Name : CORPORATE ACCESS, INC.  
Account Number : PCA000000011  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 7 PM 2:40

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION  
UPPER CERVICAL INSTITUTE OF FLORIDA, P.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Resubmitting 9/7/10

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 7 PM 3:45

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10 SEP 8 2010



September 7, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPORATE ACCESS, INC.

SUBJECT: UPPER CERVICAL INSTITUTE OF FLORIDA, P.C.  
REF: W10000041999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED. I certify from the records of this office that UPPER CERVICAL INSTITUTE OF FLORIDA, P.C. is Declaration of Trust, authorized to transact business in the State of Florida, filed on September 7, 2010.

The document number of this trust is W10000041999.

I further certify said trust is active.

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**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: UPPER CERVICAL INSTITUTE OF FLORIDA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 190 N.E. 128 St.  
Miami, FL 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Chiropractor Services

**ARTICLE IV SHARES**

The number of shares of stock is: 200npv

**ARTICLE V INITIAL OFFICER AND/OR DIRECTORS**

List name(s), address(s) and specific title(s): GREGORY E. JEAN-PIERRE, D.C.  
President  
190 N.E. 128 St. Miami, FL 33161

**ARTICLE VI REGISTERED AGENT**


The name and Florida Street address (P.O. Box NOT acceptable) of the registered agent is:  
GREGORY E. JEAN-PIERRE, D.C.  
190 N.E. 128 St. Miami, FL 33161

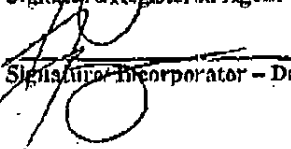
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
GREGORY E. JEAN-PIERRE, D.C.  
190 N.E. 128 St.  
Miami, FL 33161

\*\*\*\*\*

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 - Dated: 7/28/10

  
Signature/Incorporator - Dated: 7/28/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP - 7 PM 3:45

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