

711000089220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

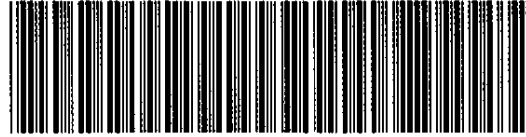
(Business Entity Name)

(Document Number)

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2011 OCT 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers OCT 12 2011

Dr. Lisa Owen
Chiropractic Physician
Westside Chiropractic Center
8430 W. Broward Blvd, #250
Plantation, Florida 333324
(954)745-8380

October 5, 2011

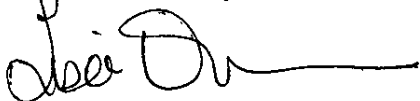
Ms. Karen Beyer
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 2314

Re: Westside Chiropractic Center, Inc

Thank you for your help on the phone yesterday. This letter is to dissolve and abandon any claim name of Westside Chiropractic Center, Inc.

My number is above, if you have any questions. I appreciate your help in this matter.

Yours sincerely;



Lisa Owen
Chiropractic Physician

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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* Per conversation w/ Lisa Owen on 10/11/11 -
she has no intent of reinstating "Westside
Chiropractic Center, Inc." and releases the
name for use as a new corporation.
#71-8536

Jim 10/11/11

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: Westside Chiropractic Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8130 S. BROWARD BLVD
PLANTATION, FL 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Healthcare Services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: List I. Owen Name and Title: (PVSTD)
Address: 8130 S. Broward Blvd
#250
Plantation, FL 33324

Name and Title: List I Owen Name and Title:
Address: 8130 S. Broward Blvd
#250
Plantation FL 33324

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: List I. Owen
Address: 562 NW 9TH AVE
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: List I. Owen
Address: 562 NW 9TH AVE
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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

List I Owen
Required Signature/Registered Agent

10-5-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

List I Owen
Required Signature/Incorporator

10-5-2011
Date