

P/1000095849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

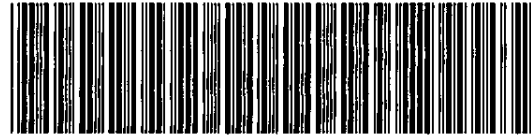
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE
TALLAHASSEE, FLORIDA

K 11/03/11

COVER LETTER

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

SUBJECT: Coast Chiropractic Centers, 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: Smith, Smith & Associates, Inc. c/o Jeffrey S Olson
Name (Printed or typed)

6314 Whiskey Creek Dr. STE B
Address

Fort Myers, FL 33919
City, State & Zip

239-482-3573
Daytime Telephone number

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

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

COAST CHIROPRACTIC CENTER

Dr. Greg Hartman

7270 College Parkway, Suite 2

Fort Myers, FL 33907

239-278-3344

October 31, 2011

To: Florida Division of Corporations

Re: Coast Chiropractic Centers, Inc. dissolution filing

This letter serves as confirmation that I will not revoke the dissolution of my company Coast Chiropractic Centers, Inc. This name will be available since I am selling the company assets to Dr. Timothy Harcourt, D.C. He will be submitting new articles of incorporation to obtain the name and new EIN number.

Thank you,



Dr. Gregory R Hartman

2011 OCT 31
11 NOV -2 PM 1:42
TALLAHASSEE, FLORIDA

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: Coast Chiropractic Centers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7270 College Parkway
Suite 2
Fort Myers, FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Timothy Harcourt, P.VP
Address: 7270 College Parkway
Suite 2
Fort Myers, FL 33907

Name and Title: _____
Address: _____

Name and Title: Brian Timothy Harcourt, S.T
Address: 7270 College Parkway
Suite 2
Fort Myers, FL 33907

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

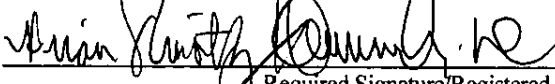
Name: Brian Timothy Harcourt
Address: 7270 College Parkway, Suite 2
Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Scott Olson
Address: 6314 Whiskey Creek Dr., STE B
Fort Myers, FL 33919

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



Required Signature/Registered Agent

11/01/2011

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.



Required Signature/Incorporator

11/01/2011

Date

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11 NOV -2 PM 4:42
ALABAMA STATE
DEPARTMENT OF REVENUE