

PAID 2112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

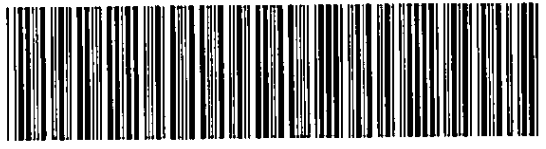
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

0055K
WSP
DBA
20000141355

Office Use Only



200356206712

01/08/21--01007--001 **26.25

12/10/20--01015--021 **57.50

R WHITE
JAN 11 2021

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2020

DR JONATHAN SPAGES
234 MCLEAN BLVD ROUTE 20
PATTERSON, NJ 07504 US

SUBJECT: EAST CHIROPRACTIC PROFESSIONAL CORPORATION
Ref. Number: W20000141355

We have received your document for EAST CHIROPRACTIC PROFESSIONAL CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The business name on the coversheet should match the certificate. Please complete the attached coversheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 120A00025120

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Personal Health Center, LLC
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Jonathan Spriggs, D.C.
Contact Person

East Group, Inc. d/b/a Advanced Health Center
Firm Company

1350 G St, Suite 104
Address

Tallahassee FL 32303
City, State and Zip Code

Dr. Spriggs@personal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Spriggs at (903) 255-7887
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees and Certificate of Status
- \$122.50 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

paid \$122.50 Application Fee with 0000141355

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

EAST Chiropractic P.C.
Enter Name of the Converting Entity

2. The converting entity is a Professional Corporation
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of New Jersey
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/23/2004
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Advanced Natural Health Center, LLC
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 22 day of December, 2020

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or if Directors or Officers have not been selected, an Incorporator:

Printed Name: Jonathan [unclear] Title: Partner

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: _____

Printed Name: Jonathan [unclear] Title: Partner

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

<u>Fees:</u>	
Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Advanced Natural Health Center, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

1350 CR1

Unit 1646

Dunedin FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Stephen Singer - President Name and Title: _____

Address: 2294 Humboldt Address: _____
Dunedin FL 34698

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Registered Agents Inc

Address: 7901 4th St N Ste 300

St. Petersburg FL 33702

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

Bill Havre Bill Havre
Required Signature/Registered Agent

12/23/2020
Date

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (PROFESSIONAL SERVICE)

EAST CHIROPRACTIC PROFESSIONAL CORPORATION
0400008402

The above-named DOMESTIC PROFESSIONAL CORPORATION was duly filed in accordance with New Jersey State Law on 03/18/2002 and was assigned identification number 0400008402. Following are the articles that constitute its original certificate.

1. **Name:**
EAST CHIROPRACTIC PROFESSIONAL CORPORATION
2. **The Registered Agent:**
JONATHAN B. SPAGES D.C.
3. **The Registered Office:**
321 EAST 41ST STREET
PATERSON, NJ 07504
4. **Business Purpose:**
Professional Medical Services, Health Care
5. **Stock:**
100
6. **Effective Date of this filing is:**
03/23/2002
7. **First Board of Directors:**
JONATHAN B. SPAGES D.C.
321 EAST 41ST STREET
PATERSON, NJ 07504
8. **Incorporators:**
JONATHAN B. SPAGES D.C.
321 EAST 41ST STREET
PATERSON, NJ 07504

Continued on next page ...

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF INC, (PROFESSIONAL SERVICE)

EAST CHIROPRACTIC PROFESSIONAL CORPORATION
0400008402

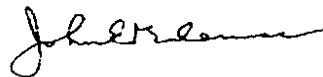
9. Additional Articles/Provisions:

- 2 THE SHARE HOLDERS, WHICHEVER VESTED WITH MANAGEMENT, MAY AUTHORIZE ANY OFFICER OR OFFICERS, AGENT OR AGENTS, REPRESENTATIVE OR REPRESENTATIVES OF THIS PROFESSIONAL CORPORATION, BY WRITTEN CONSENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY DOCUMENT, INSTRUMENT OR BUSINESS PAPER IN THE NAME OF AND ON BEHALF OF THIS PROFESSIONAL CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL OR CONFINED
- 1 LIMITATION OF LIABILITY: THE SHAREHOLDERS, MANAGERS, EMPLOYEES, OFFICERS OR AGENTS OF THIS PROFESSIONAL CORPORATION ARE NOT LIABLE, SOLELY BY REASON OF BEING A SHAREHOLDER, MANAGER, EMPLOYEE, OFFICER OR AGENT OF THIS PROFESSIONAL CORPORATION FOR THE DEBTS, OBLIGATIONS AND LIABILITIES INCURRED BY THIS PROFESSIONAL CORPORATION WHETHER ARISING IN CONTRACT OR TORT, UNDER A JUDGMENT DEGREE

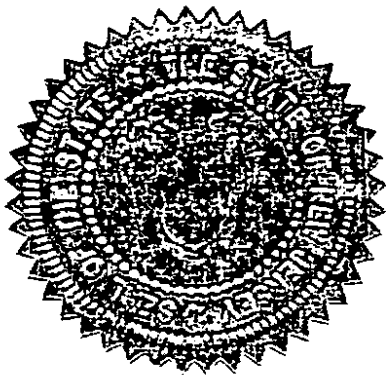
Signatures:

JONATHAN B. SPAGES D.C.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
03/19/2002



John E McCormac, CPA
Treasurer of the State of New Jersey



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EAST CHIROPRACTIC PROFESSIONAL CORPORATION
0400008402

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on March 18, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

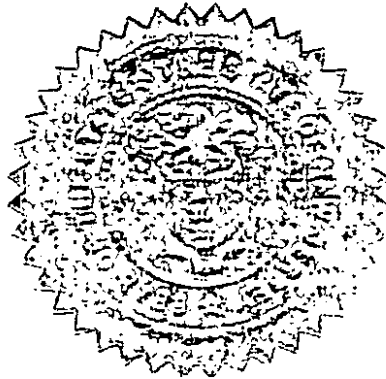
*Dr Jonathan Spages
234 Route 20
Paterson, NJ 07504*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EAST CHIROPRACTIC PROFESSIONAL CORPORATION

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
21st day of December, 2006*



Bradley Abelow

*Bradley Abelow
State Treasurer*

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EAST CHIROPRACTIC PROFESSIONAL CORPORATION
0400008402

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on March 18, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Dr Jonathan Spages
234 Route 20
Paterson, NJ 07504*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EAST CHIROPRACTIC PROFESSIONAL CORPORATION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of July, 2006

Bradley Abelow

Bradley Abelow
State Treasurer

Memo: Prior Payment for Application #W20000141355

Hello

Please see application #W20000141355 for the original \$87.50 payment. Here is a check for the remaining balance of \$26.25.

Thank you

Happy Holidays

Dr. Jonathan Spages

973-980-7887