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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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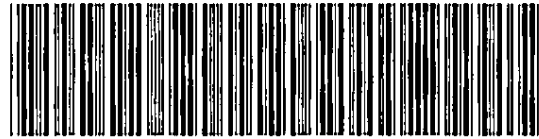
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECURITY & STATE  
TALLAHASSEE, FL

C

**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: CHIRO MED PAIN REHAB INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10028 South Federal Hwy.

Mailing address, if different is:

166 Canterbury Place

Port St. Lucie, FL 34952

Royal Palm Beach, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide health care

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Dr. Joe Smith

Name and Title: President

Address: 166 Canterbury Place

Address:

Royal Palm Beach, FL 33414

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FL

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: Dr. Joe Smith  
Address: 166 Canterbury Place  
Royal Palm Beach, FL 33411

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dr. Joe Smith  
Address: 166 Canterbury Place  
Royal Palm Beach, FL 33411

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.

*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]  
Required Signature/Registered Agent

10/11/21  
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.*

[Signature]  
Required Signature/Incorporator

Date 10/11/21  
2021 OCT 28 PM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FL