

TRANSMITTAL LETTER

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

100001388134
-01/24/95--01125--022
****122.50 ****122.50

SUBJECT: MOULTRIE CHIROPRACTIC CENTER, P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Janice K. Sage, D.C.
Edward C. Siarkowicz, D.C.
Name (printed or typed)

91 Moultrie Creek Circle
Address

St. Augustine, Florida 32086
City, State & Zip

(904) - 823-8908
Daytime Telephone number

TALLAHASSEE, FLORIDA

95 JUN 23 AM 8:07

FILED

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a ^{Professional Association} ~~corporation~~ under the ~~Florida-Business-Corporation Act~~, hereby adopt(s) the following Articles of Incorporation.
Chapter 621, Florida Statutes,

ARTICLE I NAME

The name of the corporation shall be:

MOULTRIE CHIROPRACTIC CENTER, P.A.

The specific nature of the business is a chiropractic practice.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4255 U.S. 1 South, Suite #13
St. Augustine, Florida 32086

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Edward C. Siarkowicz, D.C.
4255 U.S. 1 South, Suite #13
St. Augustine, Florida 32086

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Janice K. Sage - President

4255 U.S. 1 South, Suite #13
St. Augustine, Florida 32086

Edward C. Siarkowicz - Secretary/Treasurer

4255 U.S. 1 South, Suite #13
St. Augustine, Florida 32086

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of January, 1995.

Janice K. Sage - President
Signature

Edward C. Siarkowicz - Secretary/Treasurer
Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MOULTRIE CHIROPRACTIC CENTER, P.A.

2. The name and address of the registered agent and office is:

Edward C. Siarkowicz, D.C.

(Name)

4255 U.S. 1 South, Suite #13

(P.O. Box ~~not~~ acceptable)

St. Augustine, Florida 32086

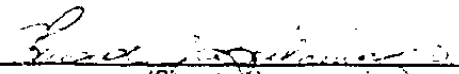
(City/State/Zip)

TALLAHASSEE, FLORIDA

55 JAN 23 AM 8:07

FBI

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

January 19, 1995
(Date)