

P95000032944

BONDURANT AND FUQUA, P. A.

ATTORNEYS AT LAW
4450 LAFAYETTE STREET
POST OFFICE BOX 654
MARIANNA, FLORIDA 32447

FRANK E. BONDURANT
H. MATTHEW FUQUA

TELEPHONE: (904) 820-8200
FACSIMILE: (904) 820-8947

March 24, 1995

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

RECEIVED 12-1-94 11:38
-03/31/95--01006--011
4444122.50 44441.52.50

Re: Chiropractic Atlas Orthogonal Center, P.A.
Articles of Incorporation

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation for Chiropractic Atlas Orthogonal Center, P.A., which includes designation of resident agent. You will also find enclosed our firm check in the amount of \$122.50 to cover the following costs:

Filing Fee	\$ 35.00
Certified Copy of Articles	\$ 52.50
Designation of Resident Agent	<u>\$ 35.00</u>
TOTAL	\$122.50

Your prompt attention in this regard will be greatly appreciated.

Sincerely,


H. Matthew Fuqua
For the Firm

HMF/st

Enclosures: As listed above

RECEIVED
DIVISION OF CORPORATIONS
95 APR 24 PM 10:25

W95.7215
G30, G10



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 4, 1995

H. MATTHEW FUQUA, ESQ.
P.O. BOX 854
MARIANNA, FL 32447

SUBJECT: CHIROPRACTIC ATLAS ORTHOGONAL CENTER, P.A.
Ref. Number: W95000007215

We have received your document for CHIROPRACTIC ATLAS ORTHOGONAL CENTER, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

A post office box is not an acceptable address for the registered agent.

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 (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 195A00015175

95 APR 24 AM 10:25

ARTICLES OF INCORPORATION

OF

CHIROPRACTIC ATLAS ORTHOGONAL CENTER, P.A.

The undersigned subscriber to these Articles of Incorporation, being a natural person, competent to contract, hereby forms this corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation is **Chiropractic Atlas Orthogonal Center, P.A.**

ARTICLE II

NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is primarily a chiropractic clinic, and also to manufacture, purchase, or otherwise acquire, and to own, mortgage, pledge, sell, assign, transfer, or otherwise dispose of, and to invest in, trade in, deal in and with, goods, wares, merchandise, real and personal property, and services of every class, kind and description; except that it is not to conduct a banking, safe deposit trust, surety, express, railroad, canal, telephone, telegraph, or cemetery company, a building and loan association, fraternal benefit society, state fair, nor exposition.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at one time is 100 shares of common stock having a par value of \$50.00 per share.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$500.00

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI
ADDRESS

The initial post office address of the initial principal office of this corporation in the State of Florida is 416 West Washington Street, Chattahoochee, Florida 32324. The name of the initial registered Resident Agent in the State of Florida is H. Matthew Fuqua, Attorney at Law, 4450 Lafayette Street, P. O. Box 854, Marianna, Florida 32447. The Board of Directors may, from time to time, move the initial registered office of the corporation to any other address in the State of Florida.

ARTICLE VII

DIRECTORS

This corporation shall have one (1) director, initially. The number of directors may be increased or diminished from time to time, by bylaws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VIII

INITIAL DIRECTORS

The name and post office address of the member of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
Phillip A. Wilchek	416 W. Washington St. Chattahoochee, FL 32324

ARTICLE IX

SUBSCRIBERS

The names and addresses of the subscribers to these Articles of Incorporation, the number of shares each agrees to take, and the value or consideration therefore, are:

<u>NAME</u>	<u>ADDRESS</u>	<u>CONSIDERATION</u>	<u>SHARES</u>
Phillip A. Wilchek	416 W. Washington St. Chattahoochee, FL 32324	\$500.00	10

ARTICLE X

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of

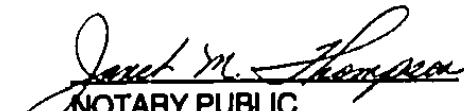
Directors, proposed to them by the stockholders, and approved at a stockholders' meeting by majority of the stock then entitled to vote thereon, unless the directors and the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.


Phillip A. Wilchek

STATE OF FLORIDA
COUNTY OF JACKSON:

I HEREBY CERTIFY that before me, the undersigned authority, personally appeared PHILLIP A. WILCHEK to me known to be the person described in and who executed the foregoing Articles of Incorporation as a SUBSCRIBER, and he acknowledged before me that he subscribed to those Articles of Incorporation.

SWORN TO AND SUBSCRIBED BEFORE ME, this 27th day of March, 1995, by Phillip A. Wilchek, who is personally known to me and who did not take an oath.


NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



JANET M. THOMPSON
MY COMMISSION # CC321297 EXPIRES
October 3, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

THIS INSTRUMENT PREPARED BY:

H. Matthew Fuqua
BONDURANT AND FUQUA, P. A.
4450 Lafayette Street
Post Office Box 854
Marianna, Florida 32446
(904) 526-2263
FL BAR No. 0451101

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

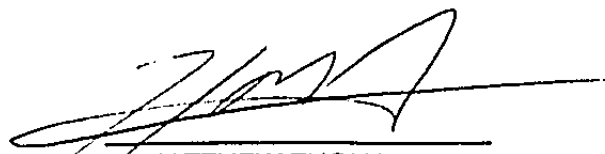
85 APR 24 AM 10:25

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCEEDS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, FLORIDA STATUTES, the following is submitted in compliance with said Act.

FIRST - That **CHIROPRACTIC ATLAS ORTHOGONAL CENTER, P.A.** desiring to be organized under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, in the City of Chattahoochee, Gadsden County, Florida, has named H. MATTHEW FUQUA, Attorney at Law, 4450 Lafayette Street, Post Office Box 854, Marianna, Florida 32447, as its agent to accept service of process within this State.

Having been named to accept service of process for the above-styled corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act to relative keeping open said office.



H. MATTHEW FUQUA
Registered Agent