

P95000043157

AL LETTER

FILED

95 MAY 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

100001502131
-05/31/95--01067--009
*****78.75 *****78.75

SUBJECT:ChiroCare Management, Inc.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 78.75.

FROM: Gary L. Woodruff
Name (Printed or typed)
6404 Manatee Ave West
Address
Bradenton, FL 34209
City, State & Zip
813-794-3705
Telephone

*PAK
6-6*

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

**ARTICLES OF INCORPORATION
FOR
CHIROCARE MANAGEMENT, INC.**

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I - Name

The name of the corporation shall be:
ChiroCare Management, Inc.

ARTICLE II - Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:
6404 Manatee Avenue West, Suite I-9, Bradenton, Florida 34209

The resident agent in charge thereof is Gary L. Woodruff, 6404 Manatee Avenue West, Suite
Bradenton, FL 34209.

ARTICLE III - Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

To engage in management and consulting of chiropractic offices and to engage in any lawful act or activity for which the corporations may be organized under the general Corporation Law of Florida.

ARTICLE IV - Capitalization

The corporation shall have the authority to issue 10,000 shares of common stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

ARTICLE V - Incorporators

The name and mailing address of each of the incorporators are as follows:

NAME

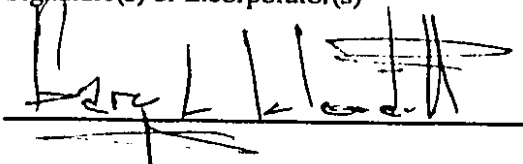
POST OFFICE ADDRESSES

Gary L. Woodruff

1804 78th Street, NW, Bradenton, FL 34209

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th day of MAY, 1995.

Signature(s) of Incorporator(s)



GARY L. WOODRUFF
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: ChiroCare Management, Inc.

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

Gary. L. Woodruff

(Name)

6404 Manatee Ave W, Suite J

(P.O. Box NOT Acceptable)

Bradenton, FL 34209

(City/State/Zip)

FILED
95 MAY 30 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 

DATE: 5-25-95

REGISTERED AGENT FILING FEE: \$35.00