

P95 0000 43514

WELLS, ALLEN, LANG & MORRISON, P.A.

ATTORNEYS AT LAW

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ORLANDO, FLORIDA 32801-1611

POST OFFICE BOX 3628
ORLANDO, FLORIDA 32802-3628

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FAX (407) 422-8258

May 25, 1995

000001501330
-05/30/95--01041--013
****122.50 ****122.50

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

Re: Incorporation of Access Healthcare, Inc.

Gentlemen:

Enclosed are the original and one (1) copy of the Articles of Incorporation for the above corporation, and check in the amount of \$122.50 in payment of the following:

Filing fee	\$ 35.00
Designation of Registered Agent	35.00
Certified copy of Articles	<u>52.50</u>
Total	\$122.50

EFFECTIVE DATE

MAY 25 1995

Sincerely,

Maxwell W. Wells Jr.
Maxwell W. Wells Jr.

MWWJr:JJ

Enc.

FILED
55 MAY 30 PM 1:41
TALLAHASSEE FLORIDA

SDG

**ARTICLES OF INCORPORATION
OF
ACCESS HEALTHCARE, INC.**

FILED
95 MAY 30 PM 1:15
TALLAHASSEE FL
SECRETARY OF STATE

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be: Access Healthcare, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2016 South Orange Avenue, Orlando, FL 32806.

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
Daniel J. Pavlik, 2016 South Orange Avenue, Orlando, FL 32806.

ARTICLE V. TERM OF EXISTENCE

The corporate existence shall commence upon subscription of these Articles and shall continue perpetually.


ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Daniel J. Pavlik, 2016 South Orange Avenue, Orlando, FL 32806.

The undersigned has executed these Articles of Incorporation this 25th day of May, 1995.

EFFECTIVE DATE

MAY 25 1995


DANIEL J. PAVLIK
President


CERTIFICATE OF DESIGNATION

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:
ACCESS HEALTHCARE, INC.
2. The name and address of the registered agent and office is:

Daniel J. Pavlik
2016 South Orange Avenue
Orlando, FL 32806

Signature 

DANIEL J. PAVLIK

Title President

Date May 25, 1995

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 

DANIEL J. PAVLIK

Date May 25, 1995

FILED
95 MAY 30 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-9171 FAX

800-342-8086

CSC networks
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

P95000043514

ACCOUNT NO. : 072100000032

REFERENCE : 644654 80671A

AUTHORIZATION :

COST LIMIT : \$

use 87.50 out of check

ORDER DATE : July 19, 1995

ORDER TIME : 2:45 PM

ORDER NO. : 644654

CUSTOMER NO: 80671A

CUSTOMER: Maxwell W. Wells, Jr., Esquire
Wells Allen Lang &
P. O. Box 3628

Orlando, FL 32802-3628

400001546234
-07/26/95--01012--007
****100.00 *****12.50

400001546234
-07/26/95--01012--008
*****75.00 *****75.00

DOMESTIC AMENDMENT FILING

NAME: ACCESS HEALTHCARE, INC.

95 JUL 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

X ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

7/20
John
Name
Change
Amend
C.C.

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
ACCESS HEALTHCARE, INC.

FILED
95 JUL 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation in order to amend the Articles pursuant to Section 621.04, Florida Statutes, to become a professional service corporation, with this election to bring the corporation within the provisions of Chapter 621, Florida Statutes.

1. Article I of the Articles of Incorporation shall be amended in its entirety to read as follows:

ARTICLE I - NAME OF CORPORATION

The name of this corporation shall be PAVLIK CHIROPRACTIC GROUP, P.A.

2. The Articles of Incorporation are amended to add an additional Article VII to read as follows:

ARTICLE VII - PURPOSES

The general nature and purposes of business to be transacted, promoted and carried on by the corporation are to engage in every aspect in the practice of chiropractics and all of its fields of specialization, to engage in and render the professional services involved only through its officers, agents and employees, who shall be chiropractors in good standing and duly licensed or otherwise legally authorized within the State of Florida to render such professional service, to engage in no other business other than the rendition of the professional services specified herein, and to do everything necessary and proper in accomplishing the purposes herein set forth, and to do anything incidental thereto permitted under the laws of the State of Florida.

Each of the foregoing Amendments were duly adopted by the sole stockholder and sole director on July 17, 1995.

Executed this 17 day of July, 1995.

ACCESS HEALTHCARE, INC.

By Daniel J. Pavlik
Daniel J. Pavlik, President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000043514**

1. Corporation Name

PAVLIK CHIROPRACTIC GROUP, P.A.

Principal Place of Business

**2016 S ORANGE AVE
ORLANDO FL 32806**

Mailing Address

**2016 S ORANGE AVE
ORLANDO FL 32806**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1995

5. FEI Number

59-3321517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	PAVLIK, DANIEL J	2016 S ORANGE AVE	ORLANDO FL 32806

**200001988752--8
-10/29/96--01030--014
****375.00 ****375.00**

JB10-22-96

8. Name and Address of Current Registered Agent

**PAVLIK, DANIEL J
2016 S ORANGE AVE
ORLANDO FL 32806**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-96 4074234799

Date

Daytime Phone #