

09500005112

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

① Suncoast Spinal
Center of Tampa Bay, P.A.

② Suncoast Spinal
Center of New Port
Richey, P.A.

③ Suncoast Spinal
Center of Clearwater, P.A.

6/30/95

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY Shw _____

WALK-IN Will Pick Up 6-30 1:00

RECEIVED of No 51887

RE: 05 JUN 30 AM 11 25

DIVISION OF CORPORATION

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

900001527869
-05/30/95--01013--004
***367.50 ***122.50

FILED STATE
SECRETARY OF CORPORATION
95 JUN 30 AM 11 25

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

**SUNCOAST SPINAL CENTERS
701 N. HERCULES AVENUE
SUITE A
CLEARWATER, FL 34625**

RECEIVED
95 JUN 30 AM 9 25
DIVISION OF CORPORATION

June 30, 1995

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

Dear Sir or Madam:

This is to advise you that I, as the former Managing Member of the following now dissolved Limited Liability Companies (the "LLC's"), on behalf of myself and the former Members of the LLC's, hereby agree that neither I nor any former Member of the LLC's ever intend to reactivate the LLC's, or to use the names of the LLC's to form new limited liability companies:

Suncoast Spinal Center of Tampa, L.C.
Suncoast Spinal Center of New Port Richey, L.C.
Suncoast Spinal Center of Clearwater, L.C.

Very truly yours,

Brian G. Wolstein D.C.

Brian G. Wolstein, D.C.
Former Managing Member

95 JUN 30 AM 11:29

ARTICLES OF INCORPORATION
OF
SUNCOAST SPINAL CENTER OF NEW PORT RICHEY, P.A.

The undersigned, being of legal age, natural person and duly licensed to practice chiropractic, physical therapy and medical testing for treatment of patients under the laws of the State of Florida, does hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of incorporating a professional corporation under the laws of the State of Florida.

ARTICLE I
NAME AND ADDRESS

The name of this professional corporation shall be SUNCOAST SPINAL CENTER OF NEW PORT RICHEY, P.A. The mailing address of the corporation is: P.O. BOX 8450, CLEARWATER, FL 34618-8450. The address of the corporation's principal office is: 4807 U.S. HIGHWAY 19, SUITE 206, NEW PORT RICHEY, FL 34652.

ARTICLE II
PURPOSE

This corporation may engage in any activity or business permitted under the laws of the State of Florida, except that the corporation shall not render professional services except through its officers, employees, and agents who are duly licensed or otherwise legally authorized to practice chiropractic, physical therapy and medical testing for treatment of patients within the State of Florida.

ARTICLE III
CAPITAL STOCK AND PREEMPTIVE RIGHTS

The capital stock authorized and the par value thereof, shall be as follows:

Number of Shares <u>Authorized</u>	Par Value <u>Per Share</u>
1,000	\$.01

All of said stock shall be payable in cash, property, real or personal, labor or services in lieu of cash, at a just Valuation to be fixed by the Board of Directors of this Corporation. The payment thereof does not have to be at the time of issuance, provided

that such shares are subject to calls thereon until the whole consideration thereof shall have been paid. No shareholder shall have preemptive rights, unless the stockholders otherwise agree.

ARTICLE IV BY-LAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders, but the shareholders may provide in any bylaws made by them that such bylaws shall not be altered, amended or repealed by the Board of Directors.

ARTICLE V DURATION

This Corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE VI REGISTERED OFFICE AND AGENT

The address of the initial registered office of this Corporation shall be at 4807 U.S. HIGHWAY 19, SUITE 206, NEW PORT RICHEY, FL 34652, and the name of its initial registered agent at such address is BRIAN G. WOLSTEIN, D.C.

ARTICLE VII COMMITTEES

To the fullest extent allowable by law, the Board of Directors may establish committees of Directors consisting of two (2) or more persons, and the Directors may rely on information, opinions, reports or statements, including any financial statements and other financial data prepared or presented by such committee.

ARTICLE VIII INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1), and the name and address of the person sworn to serve as Director until the first annual meeting of shareholders or until his successor is elected and qualified is:


**ARTICLE XII
CORPORATE AND STOCKHOLDER DEBT**

The private property of the stockholders shall not be subject to payment of the corporate debts in any extent whatever. The Corporation shall have a first lien on the shares of its stockholders and upon the dividends due them for any indebtedness of such stockholders to the Corporation.

**ARTICLE XIII
INDEMNIFICATION**

This Corporation shall indemnify and insure its officers and Directors, and any former officers and directors, to the fullest extent permitted by law, either now or hereafter.

IN WITNESS WHEREOF, the undersigned, being the original incorporators, has executed these Articles of Incorporation this 14 day of June, 1995.


Brian G. Wolstein, D.C.

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OF PROCESS
WITHIN FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 11:29

Pursuant to Fla. Stat. §48.091, SUNCOAST SPINAL CENTER OF NEW PORT RICHEY, P.A., desiring to organize under the laws of the State of Florida hereby designates BRIAN G. WOLSTEIN, D.C., located at 4807 U.S. HIGHWAY 19, SUITE 206, NEW PORT RICHEY, FL 34652, as its registered agent to accept service of process within the State of Florida.

ACCEPTANCE OF DESIGNATION

The undersigned hereby accepts the above designation as registered agent to accept service of process for the above-named corporation, at the place designated above, and agrees to comply with the provisions of Fla. Stat. §48.091(2) relative to maintaining an office for the service of process.


Brian G. Wolstein, D.C.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Teresa E. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051112 (7)

1. Corporation Name

SUNCOAST SPINAL CENTER OF NEW PORT RICHEY, P.A.

Principal Place of Business

4807 U.S. HIGHWAY 19, SUITE 208
NEW PORT RICHEY FL 34652

Mailing Address

P.O. BOX 8430
CLEARWATER FL 34618-8430

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 9:39

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-10/03/96--01012--008
***238.75 ***238.75



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5432 U.S. HIGHWAY 19		26		08/30/1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FLI Number		Applied For	
22		27		59-3324063		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		31		X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WOLSTEIN, BRIAN G DC
4807 U.S. HIGHWAY 19, SUITE 208
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and true if applicable

DATE Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	
NAME	WOLSTEIN, BRIAN G DC	1.2 NAME	
STREET ADDRESS	4807 U.S. HIGHWAY 19, SUITE 208	1.3 STREET ADDRESS	5432 U.S. HIGHWAY 19
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	WOLSTEIN, KAREN
STREET ADDRESS		2.3 STREET ADDRESS	5432 U.S. HIGHWAY 19
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further oath, that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Brian G. Wolstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

LETTER PHONE