

# P96000026319

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870  
 Mailing Address: P.O. 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 \$ \_\_\_\_\_

RE: Chiropractic Trust  
Corp

	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 B.		
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 _____		

RECEIVED  
 05-18-85 PM 4:07  
 DIVISION OF CORPORATION

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_  
 BY [Signature] CK No. \_\_\_\_\_

WALK-IN Will Pick Up 3/26 12:00

SN MAR 26 1986

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

**ARTICLES OF INCORPORATION**

**OF**

**CHIROPRACTIC TRUST, CORP.**

I, the undersigned incorporator, hereby make, acknowledge and file these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME/ADDRESS**

The name of this Corporation shall be:

**CHIROPRACTIC TRUST, CORP.**

Its principal place of business and/or mailing address shall be:

**Business Address**

415 Sycamore Street  
Celebration, Florida 34747

**Mailing Address**

12900 S.W. 74th Avenue  
Miami, Florida 33156

**ARTICLE II**

**NATURE OF BUSINESS**

The general purpose for which this Corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

**ARTICLE III**

**AUTHORIZED SHARES**

The Corporation shall be authorized to create and issue one hundred (100) shares of Common Stock having a par value of \$0.01 per share.

The whole or any part of the authorized shares of the Corporation may be issued for a consideration payable in cash or other property, tangible or intangible, or in labor or services actually performed for the Corporation, having a value as is determined from time to time by the board of Directors of the Corporation, not less than the par value of the stock so to be issued.

#### ARTICLE IV

##### TERM OF EXISTENCE

The term of this Corporation shall commence with the filing of these Articles of Incorporation. The Corporation shall exist perpetually unless dissolved according to law.

#### ARTICLE V

##### INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation in the State of Florida shall be:

415 Sycamore Street  
Celebration, Florida 34747

The name of the initial registered agent of this Corporation at that address shall be:

LOUIS A. GRASSO, III

#### ARTICLE VI

##### BOARD OF DIRECTORS

The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the Direction of, a Board of Directors, which shall have TWO (2) director(s) initially. The number of directors may be increased or decreased by the shareholders from time to time as provided in the By-Laws of the Corporation.

#### ARTICLE VII

##### DIRECTORS - NAMES AND STREET ADDRESSES

The names and street addresses of the members of the first Board of Directors and Officers who shall hold office until their successors have been duly elected or appointed and have qualified are as follows:

<u>Name</u>	<u>Address</u>	<u>Office</u>
LOUIS A. GRASSO, III	415 SYCAMORE STREET CELEBRATION, FL. 34747	PRES. & SEC.

CARINA ORTEGA GRASSO

415 SYCAMORE STREET  
CELEBRATION, FL. 34747

V. PRESIDENT  
& TREASURER

**ARTICLE VIII**

**INCORPORATORS**

The name and street address of the incorporators signing these Articles of Incorporation are as follows:

LOUIS A. GRASSO, III  
415 SYCAMORE STREET  
CELEBRATION, FLORIDA 34747

CARINA ORTEGA GRASSO  
415 SYCAMORE STREET  
CELEBRATION, FLORIDA 34747

IN WITNESS WHEREOF, the undersigned incorporators have made and subscribed these Articles of Incorporation at Miami, Dade County, Florida, for the uses and purposes aforesaid, this 21st day of March, 1996.

  
LOUIS A. GRASSO, III  
Incorporator

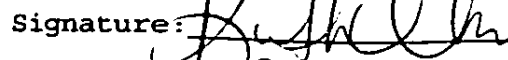
  
CARINA ORTEGA GRASSO  
Incorporator

STATE OF FLORIDA )  
COUNTY OF DADE ) SS.:

BEFORE ME, personally appeared LOUIS A. GRASSO, III and CARINA ORTEGA GRASSO, to me well known to be the persons described in and who executed the foregoing Articles of Incorporation, who took an oath, and they freely and voluntarily acknowledged before me according to law that they made and executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, this 21st day of March, 1996.

Notary Public, State of Florida

Signature: 

Print: Kefah Monem

My Commission Expires:



KEFAH MONEM  
My Commission CC334434  
Expires Dec. 08, 1997  
Bonded by HAI  
800-422-1855

**DESIGNATION AND ACCEPTANCE  
OF  
REGISTERED AGENT**

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, **CHIROPRACTIC TRUST, CORP.**, having filed its Articles of Incorporation contemporaneously herewith, with its registered offices as indicated therein, has named **LOUIS A. GRASSO, III**, at the registered offices located at 415 SYCAMORE STREET, CELEBRATION, FLORIDA 34747, as its registered agent to accept service of process within this State.

  
**LOUIS A. GRASSO, III**  
Incorporator

Having been named as registered agent to accept service of process for the above-stated Corporation, at the location designated herein, I hereby accept the appointment to act in this capacity, and agree to comply with the laws of Florida applicable thereto.

  
**LOUIS A. GRASSO, III**  
Registered Agent

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September 1996

Chiropractic Trust Corporation  
415 Sycamore Street  
Celebration, Florida 34747

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

To Whom It May Concern;

Please note that I am writing to give notification of an address change for the  
above named corporation, Federal Employer Identification # 65-065-3959.

The new mailing address for Chiropractic Trust Corp. is:

415 Sycamore Street  
Celebration, Florida 34747

Thank you kindly for your help in updating our records.



Dr. Carina Ortega Grasso,  
Vice President  
(407) 870-1959

mtw 10/3/96