

MAR-04-1997 18:17

EMPIRE CORPORATE KIT

P.01

P97000020156

S

12:44 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000003647 9))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: PREPAID CHIROPRACTIC SERVICES, INC.

AUDIT NUMBER.....H97000003647

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

** INVALID SELECTION...PLEASE RE-ENTER **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM

Connect: 00:05:20

RECEIVED

97 MAR -5 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

97 MAR -5 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/04/97

after 5:00

me 3/5/97

MAR-04-1997 18:17

EMPIRE CORPORATE KIT

P.02

RECEIVED 10:22 P.M. DEPT. OF STATE D1 /1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

March 4, 1997

EMPIRE

SUBJECT: PREPAID CHIROPRACTIC SERVICES, INC.
REF: W97000004980

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 487-6067.

Naysa Culligan
Document Specialist

FAX Aud. #: E97000003647
Letter Number: 397A00010984

H97000003647

**ARTICLES OF INCORPORATION
OF
PREPAID CHIROPRACTIC SERVICES, INC.**

THE UNDERSIGNED, for the purpose of forming a corporation for profit pursuant to Chapter 621, Florida Statutes, does hereby adopt the following Articles of Incorporation.

WITNESSETH:

**ARTICLE I
NAME**

The name of the corporation is:

PREPAID CHIROPRACTIC SERVICES INC.

**ARTICLE II
DURATION**

This corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of the State of Florida.

**ARTICLE III
PURPOSES**

This corporation is organized for the purpose of transacting business as a prepaid limited health service organization providing prepaid chiropractic services to the public and for further transacting any and all lawful business.

**ARTICLE IV
CAPITAL STOCK**

This corporation is authorized to issue 1000 shares of \$.05 par value common stock.

**ARTICLE V
QUORUM FOR SHAREHOLDER'S MEETINGS**

Unless otherwise provided for in the corporation's bylaws, a majority of the shares entitled to vote, represented in person or by proxy, shall be required to constitute a quorum at a meeting of shareholders.

**ARTICLE VI
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of this corporation is 2455 East Sunrise Boulevard, Suite 905, Fort Lauderdale, Florida, 33304, and the name of the initial registered agent of this corporation at such address is Tim A. Shane..

HAROLD S. BOFSHEVER, ESQ.
2455 E. SUNRISE BLVD. # 917
FT. LAUD., FL 33304
(954) 563-2727
FBN. 210064

H97000003647

FILED
97 MAR -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H97000003647

**ARTICLE VII
INITIAL BOARD OF DIRECTORS**

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than one. The name and address of the initial director of the corporation is as follows:

Tim A. Shane
2455 East Sunrise Boulevard
Suite 905
Fort Lauderdale, FL 33304

**ARTICLE VIII
INCORPORATION**

The name and address of the corporation's incorporator is:

Tim A. Shane
2455 East Sunrise Boulevard
Suite 905
Fort Lauderdale, FL 33304

**ARTICLE IX
INDEMNIFICATION**

The corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation to the fullest extent permitted under Florida law existing now or hereinafter enacted.

**ARTICLE X
PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of the corporation is:

Tim A. Shane
2455 East Sunrise Boulevard
Suite 905
Fort Lauderdale, FL 33304

IN WITNESS WHEREOF, I have subscribed my name this 1 day of March, 1997.


TIM A. SHANE
Incorporator

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 1st day of March, 1997, by TIM A. SHANE, who did take an oath. Such person is personally known to me or has produced Personally Known as identification.


NOTARY PUBLIC - State of Florida

My commission expires:



DIANE M. PERRY
My Commission 0068717
Expires Aug. 02, 2000

H97000003647

H97000003647

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

In pursuance of Chapter 607.34, Florida Statutes, the following is submitted, in compliance with said Act:

That **PREPAID CHIROPRACTIC SERVICES, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of Fort Lauderdale, County of Broward, State of Florida has named **TIM A. SHANE**, located at 2455 East Sunrise Boulevard, Suite 905, of Fort Lauderdale, County of Broward, State of Florida, as its agent to accept service of process within this state.

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



TIM A. SHANE
Registered Agent

FILED
97 MAR -5 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H97000003647