

**Prima 2852**

Requestor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Hanna Chiropractic PA  
(Corporation Name) (Document #)  
2. \_\_\_\_\_  
(Corporation Name) (Document #)  
3. \_\_\_\_\_  
(Corporation Name) (Document #)  
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

FILED  
97 MAR 28 PM 4:11  
SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-03/13/97--01051--001  
\*\*\*\*140.00 \*\*\*\*\*70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*497-6338*  
*July 508*

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 19, 1997

DANEL L. PREWETT  
5777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233

SUBJECT: HANNA CHIROPRACTIC, INC.  
Ref. Number: W9700006338

We have received your document for HANNA CHIROPRACTIC, INC. and check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 597A00013811

ARTICLES OF INCORPORATION  
OF  
Hanna Chiropractic, PA  
A Professional Service Corporation

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the Chapter 621 of the Florida Corporate Code do hereby certify the following:

FIRST: The name of the corporation shall be Hanna Chiropractic, PA

SECOND: The address of the initial registered office of the corporation is 5777 Beneva Road South, Sarasota FL 34233, County of Sarasota. The name of the registered agent located at said address is Daniel L. Prewett.

THIRD: The principal address of the corporation is

5119 Mink Road, Sarasota, FL 34235

FOURTH: The purpose for which this corporation is organized shall be to engage in the business of Chiropractic medicine and procedures.

FIFTH: The total authorized stock of this corporation is divided into 200 shares of no par value.

SIXTH: The number of directors constituting the initial board of directors is one, and the name(s) and address(es) who will serve as directors until the first annual meeting of shareholders or until their successors are as follows:

Stephen C. Hanna 5119 Mink Road, Sarasota, FL 34235

SEVENTH: The duration of the corporation is perpetual.

EIGHTH: The name(s) and address(es) of the person who is to act as incorporator(s) are as follows:

Daniel L. Prewett 5777 Beneva Road South, Sarasota FL 34233

We(I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 24 day of March, 1997.

Daniel L. Prewett  
State of Florida County of Sarasota

THE FOREGOING instrument was acknowledged and sworn to before me this 24 day of March, 1997 by Daniel L. Prewett.



Elizabeth George  
Notary Public

STATE OF FLORIDA DEPARTMENT OF STATE

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

I agree as Resident Agent to accept Service of Process; to keep an office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by Law.

Daniel L. Prewett  
Daniel L. Prewett, Registered Agent