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LAW OFFICES OF DALE L. BERNSTEIN
ATTORNEYS AT LAW

DALE L. BERNSTEIN
MICHELLE L. PROCTOR

EDWARD BONCEK*
OF COUNSEL
* ALSO ADMITTED IN NEW YORK

PLEASE REPLY TO MAIN OFFICE:

7637 STATE ROAD 52
BAYONET POINT, FLORIDA 34667

TELEPHONE: (813) 862-4411
FACSIMILE: (813) 862-5152

BRANCH OFFICE:

5308 SPRING HILL DRIVE
SPRING HILL, FL 34806
(352) 688-5297

July 2, 1997

VIA AIRBORNE EXPRESS

THE FUND
Attorney's Title and
Insurance Fund, Inc.
Leon Branch
660 East Jefferson, Suite 200
Tallahassee, Florida 32301

Return to
R U AS AP

000002244100--0
-07/22/97--01672-023
***\$122.50 ***\$122.50

ATTN: Ms. Jenna Ecklund

RE: Filing Articles of Incorporation for:
WEST COAST CHIROPRACTIC INSTITUTE, P.A.

Dear Ms. Ecklund:

Enclosed herewith please find original Articles of Incorporation and Certificate of Designation Registered Agent/Registered Office and one (1) copy of each with regard to the above captioned matter together with a check in the amount of \$10.00 for your services and check in the amount of \$122.50 so that you may file the same with the Secretary of State on July 22, 1997. Upon filing of the same, please return the file stamped copies to me at your earliest convenience.

I look forward to receiving the file stamped copies from you. Should you have any questions, please do not hesitate to contact me.

Very Truly Yours

DALE L. BERNSTEIN, ESQ.

DLB/jam
encl:
ltr\dly\1-6-95\072197.513

K.R. JUL 30 1997

W97-16889

K.R. JUL 22 1997

FILED
97 JUL 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 22 PM 1:37
DIVISION OF CORPORATIONS

LAW OFFICES OF DALE L. BERNSTEIN
ATTORNEYS AT LAW

DALE L. BERNSTEIN
MICHELLE L. PROCTOR

EDWARD BONCEK*
OF COUNSEL
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7637 STATE ROAD 52
BAYONET POINT, FLORIDA 34667

TELEPHONE: (813) 862-4411
FACSIMILE: (813) 862-5152

BRANCH OFFICE:

5308 SPRING HILL DRIVE
SPRING HILL, FL 34606
(352) 688-5297

July 29, 1997

VIA AIRBORNE EXPRESS

THE FUND
Attorney's Title and
Insurance Fund, Inc.
Leon Branch
660 East Jefferson, Suite 200
Tallahassee, Florida 32301

*Return to
P U ASAP*

FILED
91 JUL 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTN: Ms. Jenna Ecklund

RE: Filing Articles of Incorporation for:
WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

Dear Ms. Ecklund:

Enclosed herewith please find original Articles of Incorporation, Certificate of Designation Registered Agent/Registered Office and one (1) copy of each with regard to the above captioned matter which were previously forwarded to you on July 21, 1997 together with a check in the amount of \$10.00 for your services and check in the amount of \$122.50. I am also enclosing herewith a copy a letter of July 22, 1997 from the Secretary of State. Please file the same with the Secretary of State on July 30, 1997. Upon filing of the same, please return the file stamped copies to me at your earliest convenience.

I look forward to receiving the file stamped copies from you. Should you have any questions, please do not hesitate to contact me.

Very Truly Yours,

DALE L. BERNSTEIN, ESQ.

DLB/jam
encl:
ltr\dly\1-6-95\072997.513



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 22, 1997

ATTORNEYS' TITLE INSURANCE FUND, INC.
660 EAST JEFFERSON STREET
SUITE 200
TALLAHASSEE, FL 32301

SUBJECT: WEST COAST CHIROPRACTIC INSTITUTE, P.A.
Ref. Number: W97000016889

We have received your document for WEST COAST CHIROPRACTIC INSTITUTE, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association ~~must be stated in the document.~~

Please return the original and one copy of 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 (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 997A00037167

RECEIVED
97 JUL 30 PM 1:28
DIVISION OF CORPORATION

ARTICLE I NAME

The name of this Corporation shall be:

WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.
4917 State Road 54
New Port Richey, Florida 34652**

ARTICLE III CAPITAL STOCK

The number of shares that this corporation is authorized to have outstanding at any one time is:

One Hundred (100) Shares

ARTICLE IV SPECIFIC NATURE OF BUSINESS

The specific nature of business of the professional association is chiropractic medicine.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**JAMES MAJORANA, D.C.
4917 State Road 54
New Port Richey, Florida 34652**

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

**JAMES MAJORANA, D.C.
4917 State Road 54
New Port Richey, Florida 34652**

The undersigned has executed these Articles of Incorporation this
29 day of JULY, 1997.

James A. Majorana, D.C.
JAMES MAJORANA, D.C./incorporator

corp\art\072897.513

FILED
97 JUL 30 PM 2:49
SECRET
TALLAHASSEE
STATE
FLORIDA

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:

WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

2. The name and address of the registered agent and office is:

JAMES MAJORANA, D.C.
4917 State Road 54
New Port Richey, Florida 34652

James A. Majorana, D.C.
JAMES MAJORANA, D.C.

7 / 29 / 97
(date)

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.

James A. Majorana, D.C.
JAMES MAJORANA, D.C.

7 / 29 / 97
(date)

corporate\072197.513

FILED
97 JUL 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA