

P97000076050

TRANSMITTAL LETTER

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

SUBJECT: Osceola Chiropractic Associates, Inc  
(Proposed corporate name - must include suffix)

700002282027--1  
-09/02/97--01038--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Carina Grasso  
Name (Printed or typed)

909 EAST OAK ST  
Address  
Suite A  
Kissimmee FL 34744  
City, State & Zip

407 933 7755  
Daytime Telephone number

J. Neenan SEP 3 1997

NOTE: Please provide the original and one copy of the articles.

FILED  
97 SEP -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
97 SEP -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: Osceola Chiropractic Associates, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

909 EAST OAK Street #A  
Kissimmee, FL 34744

### ARTICLE III SHARES

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

100 one hundred

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carina Grasso  
415 Sycamore Street  
Celebration, FL 34747

### ARTICLE V INCORPORATOR

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

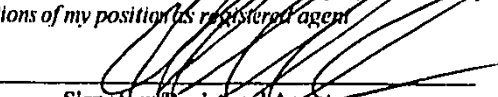
SAME

  
\_\_\_\_\_  
Signature of Incorporator  
Carina Grasso

8/25/97  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

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.

  
\_\_\_\_\_  
Signature of Registered Agent  
Carina Grasso

8/25/97  
\_\_\_\_\_  
Date