

P98000026849

ATWOOD NEUROSPINAL CLINIC, P.A.
3787 WINKLER AVE EXT #316
FT. MYERS, FL 33916

DEAR CORPORATION DIVISION:

Please find enclosed:

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ 70.00 for filing fees.

A certified copy is ^{not} requested and the additional fee in the amount of \$ 0.00 is enclosed.

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-03/20/98-01082-003
*****70.00 *****70.00

Please send responses or receipts concerning this filing to the above address.
Thank you very much.

3/16/98 [Signature] Michael S. Atwood
Date Signature of Incorporator Name of Incorporator

(941) 657 2144
Telephone

FILED
98 MAR 20 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W3-23-98

ARTICLES OF INCORPORATION
OF
ATWOOD NEUROSPINAL CLINIC, P.A.

FILED
98 MAR 20 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.

ARTICLE 1. The name of the Corporation is:

ATWOOD NEUROSPINAL CLINIC, P.A.

ARTICLE 2. The principal place of business and mailing address of this corporation is:

550 E. NEW MARKET RD. ,IMMOKALEE, FL 34142

ARTICLE 3. The corporation is organized for the purpose of providing professional chiropractic services

ARTICLE 4. The corporation is authorized to issue one class of stock, that being 100 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

ARTICLE 5. The name and address of the corporation's initial registered agent is:

MICHAEL S. ATWOOD 3787 Winkler Ave. Ext. #316, Ft. Myers, FL 33916

ARTICLE 6. The name and street address of the incorporator of this corporation is:

MICHAEL S. ATWOOD 3787 Winkler Ave Ext. # 316, Ft Myers, FL 33916

ARTICLE 7 The corporation shall have one director initially. The number may be either increased or decreased from time to time by amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one. the name and address of the initial director of this corporation are:

MICHAEL S. ATWOOD 3787 Winkler Ave Ext. #316, Ft. Myers FL. 33916

ARTICLE 8. No director shall be held liable to the corporation or its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

ARTICLE 10. The initial officers of this corporation shall be President, Vice-President, Secretary, and Treasurer.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

3/16/98 x D. Michael S. Atwood Michael S. Atwood
Date Signature of Incorporator Name of Incorporator

STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that on this day before me, a Notary Public duly licensed to take acknowledgements in the State and County aforesaid, personally appeared Michael S. Atwood to me known to be the person described as subscriber in Atwood Neurospinal Clinic, P.A. and who executed the foregoing Articles of Incorporation, who produced Florida Drivers Licence No, A330-557-50-378-0 and acknowledged before me that he subscribed to those Articles Of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 16 day of March 1998



R. A. HAWTHORNE
COMMISSION # CC 718258
EXPIRES FEB 19, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

R. A. Hawthorne

Notary Public

CERTIFICATE OF DESIGNATION

OF

REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607,0501 of The Florida Business Corporation Act, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

MICHAEL S. ATWOOD
3787 WINKLER AVE EXT #316
FT MYERS, FLORIDA 33916

Having been named as the 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.

D. Michael S. Atwood
Signature of registered agent

3/16/98
Date of signature

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