

P98000034633

2722 MANATEE AVE SUITE 2
BRADENTON FL 34205

100002478701--1
-04/03/98 01101-010
*****10.00 *****10.00

City/State/Zip

Phone #

Office Use Only

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

EFFECTIVE DATE
4-1-98

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
98 APR -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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

W98-7612

F. CHESSEY APR 16 1998

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 6, 1998

L LORI CARLTON
2722 MANATEE AVE W STE 2
BRADENTON, FL 34205

SUBJECT: NATURALCARE ASSOCIATES, PA
Ref. Number: W98000007612

98 APR -3 AM 9:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NATURALCARE ASSOCIATES, PA and your check(s) totaling \$70.00. 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.

CHIRO PRACTIC PHYSICIANS OFFICE AS STATED ON ARTICLES OF INCORPORATION
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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 598A00018157

CERTIFICATE OF INCORPORATION OF

NATURALCARE ASSOCIATES, PA

FILED
 98 APR -3 AM 8:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

FIRST IDENTIFICATION

The name of the corporation, hereinafter referred to as the "Corporation," is NATURALCARE ASSOCIATES, PA

EFFECTIVE DATE
4-1-98

SECOND PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

THIRD REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Corporation is 2722 MANATEE AVE W. SUITE 2 BRADENTON FL 34205
 and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is L. CORI CARLTON

FOURTH PURPOSE

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Delaware.

FIFTH SHARES

The total authorized capital stock of the Corporation is ONE THOUSAND (1000) shares having a Par Value of NONE. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

SIXTH INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corporation is as follows:

L. CORI CARLTON
2722 MANATEE AVE W. SUITE 2
BRADENTON FL 34205

SEVENTH (A) NATURE OF BUSINESS

CHIROPRACTIC PHYSICIAN'S OFFICE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: NATURAL CARE ASSOCIATES, PA

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

L. CORI CARLTON
(Name)

2722 MANATEE AVENUE WEST SUITE 2
(P.O. Box ~~NOT~~ acceptable)

BRADENTON FL 34205
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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

Cori Carlton

DATE

9 Apr 98