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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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FLORIDA PROFIT CORPORATION OR P.A.**ALOMA CHIROPRACTIC CENTER, P.A.**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

ALOMA CHIROPRACTIC CENTER, P.A.

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

ARTICLE I NAME

The name of the corporation shall be:

ALOMA CHIROPRACTIC CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

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

3001 ALOMA AVE.
WINTER PARK, FL 32792

ARTICLE III SHARES

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

6,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGED SAMAAH
3338 ARDEN VILLAS BLVD, ORLANDO, FL 32817

ARTICLE VI PURPOSE

The purpose of the corporation is:

The general purpose of this P.A. is to provide chiropractic services to the community.

ARTICLE VII OFFICERS & DIRECTORS

- 1) MAGED SAMAAH, 3338 ARDEN VILLAS BLVD #8, ORLANDO, FL 32817
- 2) KURT ENGET, 2844 PLAZA TERRACE DR., ORLANDO, FL 32803

Prepared by: Ledger Plus
632 N. Semoran Blvd.
Orlando, FL 32802
(407) 384-2234

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- 1) MAGED SAMAAAN,
3338 ARDEN VILLAS BLVD. ORLANDO, FL 32817
- 2) KURT ENGET
2844 PLAZA TERRACE DR., ORLANDO, FL 32803

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

18th day of August, 19 98.

X Maged Samaan _____
Signature

Kurt Enget _____
Signature

Signature

Articles of Incorporation
Filing Fee-\$ 35

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

PURSUANT TO THE PROVISIONS OF SECTION 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: Aloma Chiropractic Center, P.A.

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

Maged Samaan

(Name)

3338 Arden Villas Blvd.

(P.O. Box not acceptable)

Orlando, FL 32817

(City, State, Zip)

CLERK OF COURT
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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.

X Maged Samaan
(Signature)