

TRANSMITTAL LETTER

P 98000090201

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 OCT 21 PM 2:44

SUBJECT: EMERALD COAST CHIROPRACTIC, INC.  
(Proposed corporate name - must include suffix)

600002669066-1-3  
-10/21/98-01049-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: SCOTT E. EWING  
Name (printed or typed)

354 BILFISH AVE #201  
Address

FT. WALTON BEACH, FL 32548  
City, State & Zip

850-244-1633  
Daytime Telephone number

Scott GIVE  
AUTHORIZATION BY PHONE TO  
CORRECT Art I  
DATE 10-22-98  
DOC. EXAM BR

D BR  
F. CHESSER OCT 22 1998

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

# ARTICLES OF INCORPORATION

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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: EMERALD COAST CHIROPRACTIC, INC.

## ARTICLE II PRINCIPAL OFFICE

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

705 W. JOHN SIMS PARKWAY, SUITE A, NICEVILLE, FLORIDA  
32578

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. SCOTT E. EWING  
705 W. JOHN SIMS PARKWAY  
SUITE A  
NICEVILLE, FLORIDA 32578

**ARTICLE V INCORPORATOR(S)**


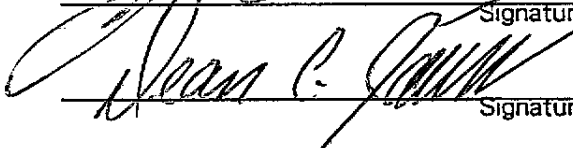
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SCOTT E. EWING  
354 BILLFISH AVE #201  
FT. WALTON BEACH, FL 32548

DEAN C. JACKS  
236 MIRACLE STRIP PARKWAY #A2  
FT. WALTON BEACH, FL 32548

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

8<sup>TH</sup> day of SEPTEMBER, 1998.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
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: EMERALD COAST CHIROPRACTIC,  
INC.

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

SCOTT E. EWING  
(Name)  
705 W. JOHN SIMS PARKWAY, SUITE A  
(P.O. Box or Mail Drop Box **NOT** acceptable)  
NICEVILLE, FLORIDA 32578  
(City/State/Zip)

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*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)

9-8-98  
(Date)