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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Florida Chiropractic / Medical Centers Inc.

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☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

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☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

NEW FILINGS	
<input checked="" 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

Ordered By: _____

Date: _____

T. SMITH FEB 25 1999

FILED
99 FEB 24 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 FEB 24 PM 3:56
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

FLORIDA CHIROPRACTIC / MEDICAL CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

279 SOUTH YONGE ST.
ORMOND BEACH, FL 32174

ARTICLE III SHARES

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

1,000 (ONE THOUSAND) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KRISTEN L. OKARSKI
279 SOUTH YONGE ST.
ORMOND BEACH, FL 32174

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DAVID U. ARANGO
279 SOUTH YONGE ST.
ORMOND BEACH, FL 32174

SCOTT E. OKARSKI
279 SOUTH YONGE ST.
ORMOND BEACH, FL 32174

Kristen L. Okarski
279 South Yonge St
Ormond Beach, FL 32174

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

15 day of FEBRUARY, 19 99

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

David U. Arango
Signature

Scott E. Okarski
Signature

Kristen L. Okarski
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 FLORIDA CHIROPRACTIC / MEDICAL CENTERS, INC.

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

KRISTEN L. OKARSKI
(NAME)

279 SOUTH YONGE ST.
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

ORMOND BEACH, FL 32174
(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.

Kristen Okarski

(SIGNATURE)

2/15/99
(DATE)