

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 632
Tallahassee, FL 32314

FILED
99 JUN -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P99000051959

SUBJECT: Proposed Corporate Name: Rabin Clinic of Chiropractic, Inc.

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 of Status

_____ \$78.75 Filing Fee & Certified Copy (Additional copy of Articles of Incorporation required)

_____ \$87.50 Filing Fee, Certified Copy, & Certificate of Status (Additional copy of Articles of Incorporation required)

FROM: Edwin B. Rabin
4343 W. Henderson
Suite 180
Tampa, FL 33629
813-254-5200

200002897392--1
-06/07/99--01163--008
*****78.75 *****78.75

C^u

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

**ARTICLES OF INCORPORATION
OF
RABIN CLINIC OF CHIROPRACTIC, INC.**

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

ARTICLE ONE

NAME

The name of the corporation shall be Rabin Clinic of Chiropractic, Inc.

ARTICLE TWO

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 4343 W. Henderson, Suite 180, Tampa, FL 33629.

ARTICLE THREE

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000, all of which shall be common shares with a stated par value of ten cents (\$0.10) each.

ARTICLE FOUR

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are Edwin B. Rabin, 4343 W. Henderson, Suite 180, Tampa, FL 33629.

FILED
99 JUN -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE FIVE

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are
Edwin B. Rabin, 4343 W. Henderson, Suite 180, Tampa, FL 33629.



Signature/Incorporator

6/3/99

Date

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/Registered Agent

6/3/99

Date

FILED
99 JUN -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA