

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Tampa Bay Health Care Center Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

B. McKnight SEP 01 1999

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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:

TAMPA BAY HEALTH CARE CENTER INC.

The purpose of the corporation is to provide chiropractic & physical therapy care to the general public.

ARTICLE II PRINCIPAL OFFICE

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

**TAMPA BAY HEALTH CARE CENTER INC.
1015 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33603**

ARTICLE III SHARES

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

300 SHARES at NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ANTHONY MANCINI
1015 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33603**

Prepared By:

**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940**

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ARTICLE V INCORPORATOR(S)

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

ANTHONY MANCINI
1160 MAIN AVENUE
CLIFTON, NJ 07011

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

18 day of August 19 99


ANTHONY MANCINI
Signature

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**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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **TAMPA BAY HEALTH CARE CENTER INC.**

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

ANTHONY MANCINI

Name

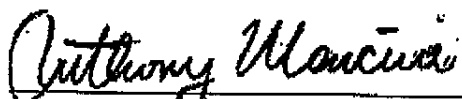
1015 WEST HILLSBOROUGH AVENUE

(P.O. Box or Mail Drop Box NOT Acceptable)

TAMPA, FL 33603

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



ANTHONY MANCINI

Signature

August 18, 1999

Date

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