

P99000078132

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H99000021990 9)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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.**

**North Miami Health Care Center Inc.**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP - 1 PM 2:07

B. McKnight SEP 01 1999

H99000021990

## 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:

**NORTH MIAMI 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:

**NORTH MIAMI HEALTH CARE CENTER INC.  
3800 NORTH MIAMI AVENUE  
MIAMI, FL 33127**

### 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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP - 1 PM 2:07

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ANTHONY MANCINI  
3800 NORTH MIAMI AVENUE  
MIAMI, FL 33127**

*Prepared By:*

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

H99000021990

ARTICLE V INCORPORATOR(S)

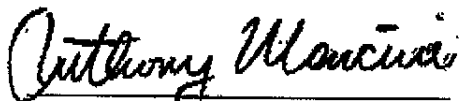
H99000021990

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

ANTHONY MANCINI  
3800 NORTH MIAMI AVENUE  
MIAMI, FL 33127

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

18 day of August 19 99



ANTHONY MANCINI

Signature

H99000021990

H99000021990

**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: **NORTH MIAMI HEALTH CARE CENTER INC.**

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

ANTHONY MANCINI

Name

3800 NORTH MIAMI AVENUE

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

MIAMI, FL 33127

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP - 1 PM 2: 07

H99000021990