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TRANSMITTAL LETTER

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

700002990947--3

-09/20/99-01077--002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Audette Chiropractic, P.A.  
(Proposed corporate name - must include suffix)

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: Jeanne Clougher, Esq.  
Name (printed or typed)  
P.O. Box 405  
Address  
Seffner, FL 33583  
City, State & Zip  
(813)205-5907  
Daytime Telephone number

FILED  
1999 SEP 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9/22

FILED

1999 SEP 20 AM 10:46

SECRETARY OF STATE  
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:

AUDETTE CHIROPRACTIC, P.A.

Chiropractic and Related Health Services

**ARTICLE II PRINCIPAL OFFICE**

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

410 S. Brockfield Dr.  
Sun City Center, Fl. 33574

**ARTICLE III SHARES**

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

100 no par

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Sue Ellen Audette  
410 S. Brockfield Dr.  
Sun City Center, Fl. 33574

**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):**

Sue Ellen Audette  
410 S. Brockfield Dr.  
Sun City Center, Fl. 33574

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

11 day of September, 19 99.

Sue Ellen Audette  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

FILED

1999 SEP 20 AM 10:46

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Audette Chiropractic, P.A.

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

Sue Ellen Audette  
(NAME)

410 S. Brockfield Dr.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Sun City Center, Fl. 33574  
(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 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.*

Sue Ellen Audette  
(SIGNATURE)

09/11/99  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314