AMMOS H98/ NewVisions Chiropre

NewVisions Chiropractic. P.A. 5996 Poetry Court N. Ft. Myers, FL 33903

#### **DEAR CORPORATION DIVISION:**

Please find enclosed:

- 1. An original Articles of Incorporation and one copy for the above named corporation.
- 2. A money order in the amount of \$73.50 and one in the amount of \$49.00 totaling \$122.50 is enclosed for the filing fee and a Certified Copy.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

Robert A. Hawthorne

Incorporator

Telephone: (941) 656-1803

600002995566---7 -09/23/99--01093--002 \*\*\*\*\*49.00 \*\*\*\*\*49.00

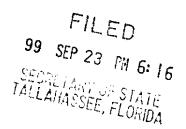
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FILED

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SEPARIANY OF STATE
TALLANIASSEE, FLORIDA

# ARTICLES OF INCORPORATION OF NewVisions Chiropractic, P.A.



Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.

**ARTICLE 1.** The name of the Corporation is:

#### NewVisions Chiropractic, P.A.

**ARTICLE 2.** The principal place of business and mailing address of this corporation is:

# 1944 Winkler Avenue, Fort Myers, Florida 33901

- **ARTICLE 3.** The corporation is organized for the purpose of providing Chiropractic care to the general public.
- **ARTICLE 4.** The corporation is authorized to issue one class of stock, that being 5000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.
- **ARTICLE 5.** The name and address of the corporation's initial registered agent is:

## Robert A. Hawthorne 5996 Poetry Court North Fort Myers, Florida 33903

**ARTICLE 6.** The name and street address of the incorporator of this corporation is:

#### Robert A. Hawthorne 5996 Poetry Court North Fort Myers, Florida 33903

**ARTICLE 7.** The corporation shall have one director initially. The number may be either increased or decreased from time to time by amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one. The name and address of the initial director of this corporation is:

#### Michael S. Atwood 3713 Winkler Ext. Apt. 1525 Fort Myers, Florida 33916

**ARTICLE 8.** No director shall be held liable to the corporation or its shareholders for monetary damages due to breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

**ARTICLE 9.** The initial officers of this corporation shall be President, Vice-President, Secretary, and Treasurer.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: 9-20-99

Robert A. Hawthorne

Incorporator

STATE OF FLORIDA

#### COUNTY OF LEE

I HEREBY CERTIFY that on this day before me, a Notary Public duly licensed to take acknowledgements in the State and County aforesaid, personally appeared Robert A. Hawthorne, to me known to be the person described as subscriber in **NewVisions Chiropractic,P.A.** and who executed the foregoing Articles of Incorporation, who produced Florida Drivers License No, <u>H365-761-36-050</u> and acknowledged before me that he subscribed to those Articles Of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this <u>Do</u> day of <u>Septembor</u> 1999.

ALUSON L. HIGDON
Notary Public - State of Florida
My Commission Expires May 25, 2003
Commission # CC 840034

Notary Public

#### CERTIFICATE OF DESIGNATION

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

#### REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607,0501 of The Florida Business Corporation Act, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida:

# NewVisions Chiropractic, P.A.

1. The name and address of the corporation's registered agent and registered office is:

Robert A. Hawthorne 5996 Poetry Ct. N Ft. Myers, Fl. 33903

Having been named as the 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.

Robert A. Hawthorne, Registered Agent

Sept 20, 1999

Date