CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P97000082100

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SECRETARY OF STATE
VISION OF CORPORATIONS

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Holistic Chiromed, PA

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*****70.00 *****70.00

___ Art of Inc. File
___ LTD Partnership File
___ Foreign Corp. File
___ L.C. File
___ Fictitious Name File
___ Trade/Service Mark
___ Merger File
___ Art. of Amend. File
___ RA Resignation
___ Dissolution / Withdrawal
___ Annual Report / Reinstatement
___ Cert. Copy
___ Photo Copy
___ Certificate of Good Standing
___ Certificate of Status
___ Certificate of Fictitious Name
___ Corp Record Search
___ Officer Search
___ Fictitious Search
___ Fictitious Owner Search
___ Vehicle Search
___ Driving Record
___ UCC 1 or 3 File
___ UCC 11 Search
___ UCC 11 Retrieval
___ Courier

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Signature

Requested by: Cher 9/9 837
Name Date Time

Walk-In _____ Will Pick Up _____

RP
9-23-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 22, 1997

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301

SUBJECT: HOLISTIC CHIROMED, P.A.
Ref. Number: W97000021717

We have received your document for HOLISTIC CHIROMED, P.A. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Randall Purintun
Document Specialist

Letter Number: 197A00046843

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

HOLISTIC CHIROMED, P.A.

Article I - Name

The name of this corporation is: Holistic Chiromed, P.A.

Article II - Duration

This corporation shall exist perpetually.

Article III - Purpose:

The Corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. The specific nature of business is to form a chiropractic and medical office.

Article IV - Capital Stock

The corporation is authorized to issue FIVE THOUSAND (5,000) shares of common stock with $.10 par value.

Article V - Principle Office and Registered Agent

The Principle address of the corporation and the registered office of this corporation is 1317-A N.W. St. Lucie West Blvd., Port St. Lucie, Florida 34986 and the name of the initial registered agent of this corporation at that address is Dr. Kelly L. Smith.

Article VI - Initial Board of Directors

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial director of this corporation:

Dr. Kelly L. Smith
1317-A N.W. St. Lucie West Blvd.
Port St. Lucie, Florida 34986

Article VII - Amendment

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 11 day of September, 1997.

Dr. Kelly L. Smith

SWORN TO AND SUBSCRIBED BEFORE ME this 11 day of September, 1997, by Dr. Kelly L. Smith, who is personally known to me

JAMES CONWAY
My Commission CC395285
Expires Jul. 25, 1998
Bonded by HAI
800-422-1555

Notary Public
My commission expires_____

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statute, the following is submitted, compliance with said Act: That **HOLISTIC CHIROMED, P.A.**, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at Port St. Lucie, County of Port St. Lucie, State of Florida, has named Dr. Kelly L. Smith, located at 1317-A N.W. St. Lucie West Blvd., Port St. Lucie, Florida 34986, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

Kelly L. Smith

SWORN TO AND SUBSCRIBED BEFORE ME this 11 day of September, 1997 by Dr. Kelly L. Smith, who is personally known to me.

JAMES CONWAY
My Commission CC395265
Expires Jul. 25, 1998
Bonded by HAI
800-422-1555

Notary Public
My commission expires_____

FILED
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