

CAPITAL CONNECTION, INC.

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

P97000082100

Helistic Chromed, PA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 22 AM 9:20

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-09/19/97--01006--008
*****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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97 SEP 19 AM 9:13
DIVISION OF CORPORATIONS

Signature _____

Requested by: Cher 9/19 837

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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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

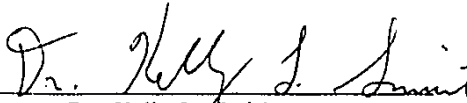
This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial director of this corporation:

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

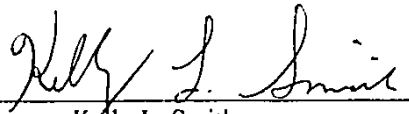

Notary Public
My commission expires _____

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:

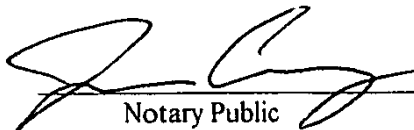
Having been named to accept service of process for the above stated corporation, at
the place designated in this certificate I hereby accept to act in this capacity and agree to comply with
the provision of said Act relative to keeping open said office.


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 CC305255
Expires Jul. 25, 1998
Bonded by HAI
800-422-1555



Notary Public
My commission expires _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA