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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

HEALING HANDS CHIROPRACTIC CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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4/28/04

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Articles of Incorporation

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) STATE OF FLORIDA

ARTICLE I: NAME

The name of the corporation shall be:

HEALING HANDS CHIROPRACTIC CENTER, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. BOX 618608
ORLANDO, FLORIDA 32861

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT:
VALERIE VALENTIN
P.O. BOX 618608
ORLANDO, FL 32861

DIRECTOR, VICE PRESIDENT:
CARLO BENDEL SAINT-FORT
P.O. BOX 618608
ORLANDO, FL 32861

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

VALERIE VALENTIN
2621 SILVER HILLS APT 4
ORLANDO, FL 32818

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HEALING HANDS CHIROPRACTIC CENTER, INC.

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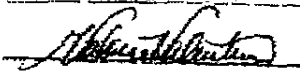
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

VALERIE VALENTIN
2621 SILVER HILLS APT 4
ORLANDO, FL 32818

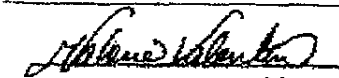
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



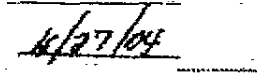
VALERIE VALENTIN / Registered Agent



Date



VALERIE VALENTIN / Incorporator



Date

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