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**FOREIGN PROFIT QUALIFICATION**  
**GROTEKE CHIROPRACTIC HEALTH CENTER, P.C.**

Certificate of Status	0
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17 MAY 18 AM 10:34

Tuesday, May 17, 2005 9:05 AM

Jeffrey B. Schwartz 610 864 8877

May 16, 2005 11:01AM

INNOVATIVE CARE CENTER, LLC

H05000125855 3<sup>04</sup>  
No. 0885 T. 2**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. Grotzke Chiropractic Health Center, P.C.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.,"  
"Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-2981228  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 15, 1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable as will transact business in Florida only after registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Pioneer Lane, Route 611, Suite 3, Stroudsburg, Pa 18360  
(Principal office address)

Same  
(Current mailing address)

8. To provide medical services and to engage in and do any lawful act concerning all lawful business for which  
professional corporations may be incorporated under the Pennsylvania Business Corporation Law, Act of December  
21, 1988, P.L. 1444, No. 177.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**


Name: Eric K. Grotzke

Office Address: 3048 Glenwood Ct.

Safety Harbor Florida 34695  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place  
designated in this application, 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 relative to the proper and complete performance of my duties, and I am  
familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the  
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the  
law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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Tuesday, May 17, 2005 9:05 AM

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INNOVATIVE CARE CENTER, LLC

No. 0885 P. 3

**A. DIRECTORS**Chairman: Eric K. GrotkeAddress: 3048 Glenwood Ct., Safety Harbor, FL 34695

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICER**President: Eric K. GrotkeAddress: 3048 Glenwood Ct., Safety Harbor, FL 34695

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Eric K. GrotkeAddress: 3048 Glenwood Ct., Safety Harbor, FL 34695

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Eric K. Grotke - President

(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

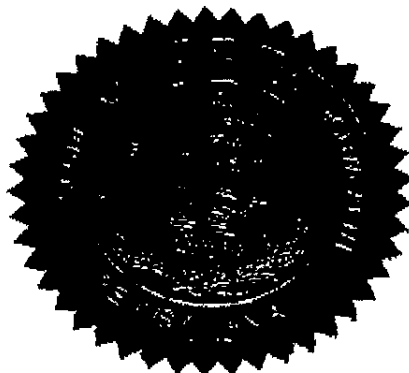
May 10, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**GROTEKE CHIROPRACTIC HEALTH CENTER, P.C.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Debra A. Cantor*

Secretary of the Commonwealth

tchilde

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