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**Florida Department of State**

Division of Corporations

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**PINES CHIROPRACTIC ASSOCIATES, P.A.**

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**ARTICLES OF INCORPORATION OF**  
**PINES CHIROPRACTIC ASSOCIATES, P.A.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned natural person who is licensed to practice the profession of speech pathology in the State of Florida hereby forms a professional service corporation in accordance with Chapter 621 of the Florida Professional Service Corporation Act and hereby adopts the following articles of incorporation for such corporation.

**ARTICLE I**

**CORPORATE NAME**

The name of this corporation is PINES CHIROPRACTIC ASSOCIATES, P.A. The principal place of business and mailing address for the corporation is: 11331 NW 31<sup>st</sup> Street, Sunrise, Florida 33323.

**ARTICLE II**

**PURPOSE**

The sole and specific purpose for which this professional service corporation is initially organized shall be to engage in the rendering of services pursuant to Chapter 621 of the Florida Statutes. This corporation shall have the power to take all action and do all things necessary and proper to carry out the foregoing purpose(s) including, but not limited to the following: to diagnose, treat, educate and sell of medical products to patients; to provide medical care, massage, physical therapy, and nutrition on a continuing basis.

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**ARTICLE III**

**CAPITAL STOCK**

The corporation is authorized to issue one-thousand (1000) shares of common stock having no par value.

**ARTICLE IV**

**CORPORATE EXISTENCE**

This corporation shall exist perpetually unless sooner dissolved according to law. The corporation shall be effective as of date of filing.

**ARTICLE V**

**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Corporation in the State of Florida is:

3531 GRIFFIN ROAD  
FT. LAUDERDALE, FLORIDA 33312

and the name of the initial registered agent at that address is:

WILLIAM H. BATALLAS, ESQ.

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**ARTICLE VI**

**NUMBER OF DIRECTORS**

This corporation shall have one (2) director(s) initially. The number of directors may be increased or decreased from time to time, by the by-laws adopted by the stockholders, but shall never be less than one (1).

**ARTICLE VII**

**INITIAL BOARD OF DIRECTORS AND OFFICERS**

The names and addresses of the initial Board of Directors of this Corporation and their offices are:

<u>NAME</u>	<u>ADDRESS</u>
DR. THERESA CARISSIMI President/Secretary	11331 NW 31 <sup>st</sup> Street, Sunrise, Florida 33323
DR. ALEXIS J. CROWLEY Vice Pres./ Treasurer	11331 NW 31 <sup>st</sup> Street, Sunrise, Florida 33323

**ARTICLE VIII**

**SUBSCRIBER**

The name and address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
DR. THERESA A. CARISSIMI	11331 NW 31 <sup>st</sup> Street, Sunrise, Florida 33323

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**ARTICLE IX**

**CUMULATIVE VOTING FOR DIRECTORS**

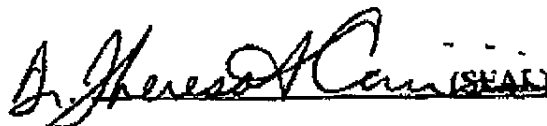
At all elections of directors of this corporation, each stockholder shall be entitled to as many votes as shall equal the number of shares which he is entitled to vote multiplied by the number of directors to be elected; and he may cast all such votes for a single director, or may distribute them among any number of directors to be elected.

**ARTICLE X**

**AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, I, the incorporator, have executed these Articles of Incorporation this 23 day of August, 2000.

 (SEAL)


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STATE OF FLORIDA )  
 ) ss:  
COUNTY OF BROWARD )

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BEFORE ME, the undersigned authority, personally appeared to me, THERESA A. CARISSIMI, well known and known to me to be the individual described in, and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at Ft. Lauderdale, County of Broward, State of Florida, this 28 day of AUGUST, A.D., 2000.

  
NOTARY PUBLIC  
State of Florida at Large

My Commission Expires:



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

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST—THAT

PINES CHIROPRACTIC ASSOCIATES, P.A.  
CORPORATE NAME

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH  
ITS PRINCIPAL PLACE OF BUSINESS IN THE CITY OF FT. LAUDERDALE, STATE OF FLORIDA,  
HAS NAMED WILLIAM H. BATALLAS, ESQ. LOCATED AT 3531 GRIFFIN ROAD, CITY OF FT.  
LAUDERDALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN  
FLORIDA.

SIGNATURE

BY:

TITLE:

THERESA A. CARISSIMI

President

Dated this 23 day of AUGUST, 2000.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO  
ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL  
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

WILLIAM H. BATALLAS  
RESIDENT AGENT

Dated this 23 day of AUGUST, 2000.

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