CORPÓRATE ACCESS,

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INC.

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ARTICLES OF INCORPORATION

<u>of</u>

TWINS CHIROPRACTIC & REHAB CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Twins Chiropractic & Rehab Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 8043 W. Oakland Park Boulevard, Sunrise, Florida 33351.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of common stock at no par value per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Robert Gordon, 8043 W. Oakland Park Boulevard, Sunrise, Florida 33351.

ARTICLE V - DIRECTOR(S)

The name and address of the initial director is: Robert David Gordon, 8043 W. Oakland Park Boulevard, Sunrise, Florida 33351.

ARTICLE VI - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation are: Corporations & Companies, Inc., Donna Thompson, Vice President-Operations, Suite 300A, Two Greenville Crossing, 4001 Kennett Pike, Wilmington, Delaware 19807.

The undersigned has executed these Articles of Incorporation this 30th day of January, 2001.

CORPORATIONS & COMPANIES, INC.

DONNA THOMPSON, Vice President-Operations

Incorporator

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Twins Chiropractic & Rehab Center, Inc.	
2.	The name and street address of the registered agent and office is:	O1 JAH SECRET
	Robert Gordon	SS
	Name	P
	8043 W. Oakland Park Blvd.	PH 12: 28 FLORIDA
	(P.O. Box <u>not</u> acceptable)	3m 8
	Sunrise, Florida 33351 (City/State/Zip)	

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

(Signature)

(Date)