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CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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Articles

1.) *Power Chiropractic Inc.*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
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4.)
(CORPORATE NAME & DOCUMENT #)

5.)
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6/18/02

ARTICLES OF INCORPORATION
OF

Power Chiropractic Inc.

The Undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation.

ARTICLE I

Name

The name of this corporation is:

Power Chiropractic Inc

ARTICLE II

Duration

This corporation shall have perpetual existence unless dissolved pursuant to law and shall commence business as of the date of filing of these Articles of Incorporation.

ARTICLE III

PURPOSE

This corporation may engage in any activity of business permitted under the laws of the State of Florida, its primary purpose to be:

Chiropractic Treatment

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$10- Par Value common stock.

ARTICLE V

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as can be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation is

3890 MAX PLACE Apt 203

Boynton Beach, FL 33436

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3890 MAX PLACE Apt 203
Boynton Beach, FL 33436, and the name of the initial registered agent of this corporation at this address is
KIMBERLY O'GORMAN

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

This corporation shall have 2 directors initially. The number of directors may be either increased or decreased from time to time by the By-Laws but shall never be less than one. The names and addresses of the initial directors are:

KURT ROSS
3890 MAX PLACE Apt 203
Boynton Beach, FL 33436

KIMBERLY O'GORMAN
3890 MAX PLACE Apt 203
Boynton Beach, FL 33436

INCORPORATOR

The names and addresses of the persons signing these Articles are:

KURT ROSS 144 B2 9805
3890 MAX PLACE Apt 203
Boynton Beach, FL 33436

KIMBERLY O'GORMAN 170 68 3080
3890 MAX PLACE Apt 203
Boynton Beach, FL 33436

ARTICLE X
BY-LAWS

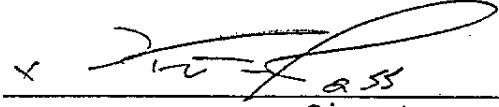
The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and the Shareholders.

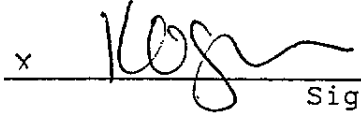
ARTICLE XI
AMMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any right conferred upon the Stockholders is subject to this reservation.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of JUNE 2002.

x  Kurt Ross
Signature

x  Kimberly O'Gorman
Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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Pursuant to the provisions of section 607.0501, 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: POWER CHIROPRACTIC INC

2. The name and address of the registered agent and office is:

Kimberly O'GORMAN
(Name)

3890 MAX PLACE Apt 203
(P.O. Box NOT acceptable)

Bayton Beach FL 33436
(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 this 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 x

Kimberly O'Gorman

DATE

6/14/02