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CORPORATION(S) NAME

Alan Cr.	ed,	D.C.P.A.	
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		VA-284-	
(Profit			
() NonProfit) Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership	(} Annual Report	() Other
() Reinstatement	() Reservation	() Change of Registered Agent
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2003 MAY 16 PN 12:

ARTICLES OF INCORPORATION

OF

Alan Creed, D.C. P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Alan Creed, D.C. P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

240 Crandon Blvd., Suite 204 Key Biscayne, FL 33149 ARTICLE IV PURPOSE

The purpose of this corporation shall be:

Health Care

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: _____ shares having an individual par value of \$ ____.

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Alan creed, D.C.

240 Ctandon Blvd.

Suite 204

Key Biscayne, FL 33149

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

Alan Creed 240 crandon Blvd., suite 204 Key Biscayte, FL 33149

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be: Alan Creed, D.C.

240 Crandon Blvd., suite 204

Key Biscayne, FL 33149

NCORPORATOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Alan Creed, D.C.P.A.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

ECRETARY OF STATE