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TELEPHONE

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— Charlotte & Hayson P.A.  
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— Charlotte, NC 28207

(City/State/Zip/Phone #)

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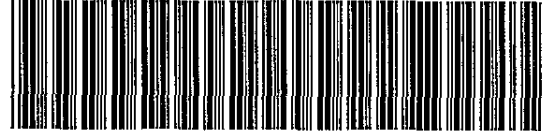
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CORRECT Corp. Name

DATE 6/6/03

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2003 JUN -2 AM 8:50  
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TALLAHASSEE FLORIDA

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**CERTIFICATE OF INCORPORATION  
OF**

UNITED MED CHIRO REHABILITATION CENTER INC.

**FILED**

2003 JUN -2 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**We, the undersigned,** hereby associate ourselves together with the purpose of forming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida providing for the formation, liabilities, rights, privileges, and immunities of a corporation for profit.

**ARTICLE I.**

The name of this Corporation shall be:

UNITED MED CHIRO REHABILITATION CENTER INC.

**ARTICLE II.**

The general nature of the business to be transacted by this corporation shall be:

1. The general nature of the business to be transacted in miscellaneous and shall be any lawful business for the State of Florida and all acts properly incidental thereto.

2. To acquire by purchase, lease, or otherwise, lands and interest in lands, and to own, hold, improve, develop, and manage any real estate as acquired, and to erect, or cause to be erected, on any lands owned, held, or occupied by the corporation, buildings or other structures, with their appurtenances, and to manage, operate lease, rebuild, enlarge, alter, or improve any buildings or other structures, now or hereafter erected on any lands so owned, held, or occupied, and to encumber or dispose of any lands or interests in lands, and any buildings or other structures, at any time owned or held by the Corporation.

3. To grant to other persons, firms, or corporations the rights, privileges, concessions, or franchise to carry on any kind of business or enterprise of the corporation under such terms as the corporation may deem expedient and proper.

4. To become party to any lawful agreement with any person, firm, or company; to do all and everything necessary, suitable, convenient, or proper for the accomplishment of any of the purposes or the attainment of any or all of the objects herein enumerated, or incidental to the powers herein named, which shall at any time appear conducive and expedient for the protection or benefit of the corporation, either as holders of

or interest in any property or otherwise, with all the powers now or hereafter conferred by the Laws of the State of Florida upon corporations.

5. The business of the corporation is from time to time to do one or more or all of the acts and things set out above, and it shall have the right to conduct its business in all its branches in or outside the State of Florida, or in any State, Territory, or dependency of the United States, or in foreign countries, it being the intention that each of the objects, purposes, and powers specified in all of the provisions of the statement of purposes shall be regarded as independent objects, purposes and powers, and to be in no manner nor to any extent limited or restricted by inference or reference by or from the terms of any clause of this statement or any other paragraph of this Charter or Certificate.

### **ARTICLE III.**

The authorized capital stock of this Corporation shall be **one hundred (100)** shares of common stock at no par value. The common stock shall be payable in cash, property, or services, at a just valuation to be fixed by the Board of Directors at a regular or special meeting called for that purpose. Property, labor, services may be purchased and paid for with the common stock of the corporation at a just value to be fixed by the Board of Directors.

### **ARTICLE IV.**

#### **AMOUNT OF CAPITAL TO BEGIN BUSINESS**

The amount of capital to begin the business herein and operate same shall be a total of **FIVE HUNDRED AND NO/100 (\$500.00) DOLLARS.**

### **ARTICLE V.**

#### **PRINCIPAL OFFICE**

The principal office of the corporation shall be located at: **640 N.W. 183<sup>rd</sup> Street, Miami, Florida 33169** with the privilege of operating any branch office any place in any state, territory or foreign country, as the corporation deems advisable.

**ARTICLE VI.**  
**CORPORATION EXISTENCE**

The corporation shall have perpetual existence unless sooner dissolved according to Law.

**ARTICLE VII.**  
**NUMBER OF DIRECTORS**

The number of directors shall be not less than **one (1)** nor more than **three (3)**, but the By-Laws may provide for such increase or decrease in number thereof as is authorized by law.

**ARTICLE VIII.**  
**DIRECTORS**

The name and address of the first Board of Directors of this Corporation is:

**Dr. Leclerc Adisson, MD**  
**Sole Shareholder**  
**640 N.W. 183<sup>rd</sup> Street**  
**Miami, Florida 33169**

**ARTICLE IX.**  
**NAMES AND ADDRESSES OF SUBSCRIBERS**

The name and post office address of each subscriber and the number of shares of stock which each agrees to take are:

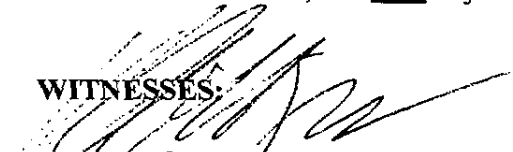
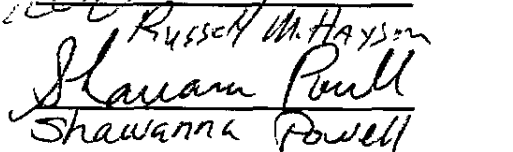
<b>Dr. Leclerc Adisson, MD</b>	
<b>Sole Shareholder</b>	<b>100 Shares</b>
<b>640 N.W. 183<sup>rd</sup> Street</b>	
<b>Miami, Florida 33169</b>	


**ARTICLE X.**  
**REGISTERED AGENT**

**Dr. Leclerc Adisson, MD.**, is hereby named as the original Registered Agent of this Corporation, upon whom service of process may be held in accordance with the laws of the State of Florida, and the street address of the initial Registered Agent's office is:

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal and acknowledge and filed in the office of the Secretary of State of Florida the foregoing **CERTIFICATE OF INCORPORATION**, this 28<sup>th</sup> day of May, 2003.

**WITNESSES:**

  
\_\_\_\_\_  
Russell M. Hayson  
  
\_\_\_\_\_  
Shawanna Powell

  
\_\_\_\_\_  
Dr. Leclerc Adisson, MD

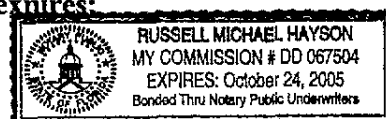
**STATE OF FLORIDA**  
**COUNTY OF BROWARD**

**I HEREBY CERTIFY** that on this day, personally appeared before me, the undersigned authority, **Dr. Leclerc Adisson, MD.**, personally known to me, or who presented the following as identification: Dr. Leclerc Adisson and they acknowledged before me that they executed the foregoing **CERTIFICATE OF INCORPORATION** for the purposes therein expressed.

**WITNESS** my hand and seal in the County and State aforesaid, this 28<sup>th</sup> day of May, 2003.

  
\_\_\_\_\_  
**NOTARY PUBLIC**

**My commission expires:**



**CERTIFICATE OF REGISTERED AGENT**

In compliance with Chapter 48.091, Fla. Stats., the following is submitted:

UNITED MED CHIRO REHABILITATION CENTER INC., a corporation desiring to organize under the Laws of the State of Florida, has named **Dr. Leclerc Adisson, MD**, as its initial Registered Agent, and the initial street address of the initial registered office of said Agent is:

**640 N.W. 183<sup>rd</sup> Street, Miami, Florida 33169**

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above-named corporation at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.



**DR. Leclerc Adisson, MD**

**FILED**  
2003 JUN -2 AM 8:50  
CLERK OF STATE  
TALLAHASSEE FLORIDA