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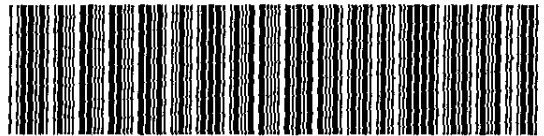
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

JOSEPH JOHNSTON CHIROPRACTIC CLINIC, INC.

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

ARTICLE I Name

The name of the corporation shall be: Joseph Johnston Chiropractic Clinic, Inc.

ARTICLE II Principal Office

The principal place of business of this corporation shall be:
1230 Seminola Blvd, Casselberry, FL 32707

ARTICLE III Capital Stock

The number of share of stock that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV Registered Agent and Address

The name and address of the initial registered agent is: Joseph Johnston
1230 Seminola Blvd, Casselberry, FL 32707

ARTICLE V Incorporators

The names and street address of the incorporator to these Articles of Incorporation are:

Joseph Johnston

1230 Seminola Blvd,
Casselberry, FL 32707



The undersigned have executed these Articles of Incorporation this 23rd day of April 2003. Further, this declaration of Articles of Incorporation is effective April 1, 2003.


Joseph Johnston

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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.

1. The name of the corporation is: Joseph Johnston Chiropractic Clinic, Inc.
2. The name and address of the registered agent and office is Joseph Johnston
1230 Seminola Blvd, Casselberry, FL 32707


Joseph Johnston

Dated

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TALLAHASSEE, FLORIDA

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.

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