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— **Trudie J. Infantini, C.P.A., P.A.** —
96 Carmen Street
Melbourne Beach, FL 32951
(Address)

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(City/State/Zip/Phone #)

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ARTICLES OF INCORPORATION

OF

PINE CASTLE CHIROPRACTIC CENTER, INC.

The undersigned incorporator, 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:
PINE CASTLE CHIROPRACTIC CENTER, INC

ARTICLE II Principal Office

The principal place of business of this corporation shall be:
707 E. Oak Ridge Road, Orlando, FL 32809

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: William Simon Hoffmeister, II, 1426 Mary Jean Avenue, Orlando, FL 32809

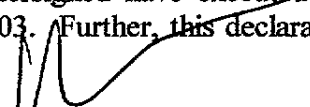
ARTICLE V Incorporators

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

William Simon Hoffmeister, II

1426 Mary Jean Avenue
Orlando, FL 32809

The undersigned have executed these Articles of Incorporation this ____ day of June 2003. Further, this declaration of Articles of Incorporation is effective July 1, 2003.



William Simon Hoffmeister, II

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: Pine Castle Chiropractic Center, Inc.
2. The name and address of the registered agent and office is William Simon Hoffmeister, II, 1426 Mary Jean Avenue, Orlando, FL 32809



William Simon Hoffmeister, II

6-23-03

Dated

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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