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Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT CORPORATION OR P.A.

Lampe Family Chiropractic, P.A.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION  
OF

LAMPE FAMILY CHIROPRACTIC, P. A.  
601 DEL PRADO BLVD. NORTH, STE. 5  
CAPE CORAL, FL 33990

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: LAMPE FAMILY CHIROPRACTIC, P. A.

The principle place of business of this corporation shall be:  
601 DEL PRADO BLVD. NORTH, STE. 5  
CAPE CORAL, FL 33990

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation. The specific purpose for this Professional Corporation is the Practice of Chiropractic.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MICHAEL A. LAMPE  
1409 S. E. 46<sup>th</sup> LANE, #208  
CAPE CORAL, FL 33904

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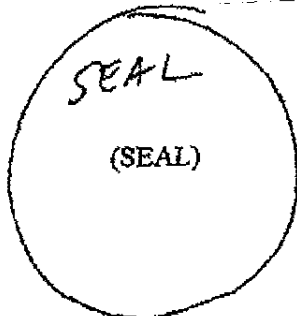
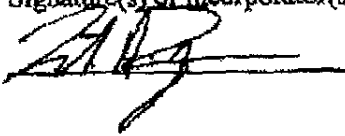
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MICHAEL A. LAMPE  
1409 S. E. 46<sup>th</sup> LANE, #208  
CAPE CORAL, FL 33904

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these  
Articles of Incorporation the 17th day of July, 2003.

Signature(s) of Incorporator(s)



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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: LAMPE FAMILY CHIROPRACTIC, P. A.
2. The name and address of the registered agent and office is:

MICHAEL A. LAMPE 601 DEL PRADO BLVD. NORTH STE. 5 CAPE CORAL, FL  
33990

SIGNATURE

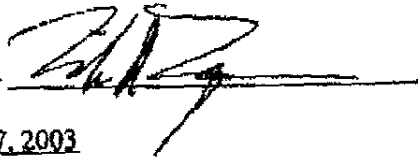
 President  
(CORPORATE OFFICER)

TITLE President

DATE July 17, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE July 17, 2003

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