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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

PINE HILLS CHIROPRACTIC CLINIC 2, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FINE HILLS CHIROPRACTIC CLINIC 2, INC.

ARTICLE II

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

**7905 ATLANTIC BLVD. SUITE 7
JACKSONVILLE, FLORIDA 32207**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to transact any and all lawful business.

ARTICLE IV SHARES

100

ARTICLE V INITIAL DIRECTORS

**JEAN N. PREVILUS, PRES.
6906 COLONY OAKS LANE
ORLANDO , FLORIDA 32818**

**JEAN P. PREVILUS, SEC.
4245 KEETHER LANE
ORLANDO , FLORIDA 32848**

**WISNEL MAUREPAS, TREAS.
1203 WEST SIDE DRIVE
WINTER GARDEN , FL 34787**

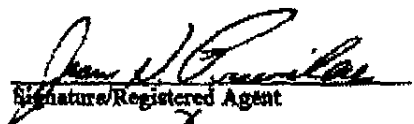
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

**JEAN N. PREVILUS
6906 COLONY OAKS LANE
ORLANDO , FLORIDA 32818**

ARTICLE VII INCORPORATOR

**PRESMIL J. MASSON, JR.
3420 N. SHERMAN CIRCLE G-101
MIRAMAR, FLORIDA 33025**

Having been named as registered agent to accept service of the process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

03/04/04
Date


Signature/Incorporator

03/04/04
Date

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