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

ARTICLE I NAME
The name of the corporation shall be:
PINE 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 33207

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.
6245 KEITHER LANE
ORLANDO , FLORIDA 32808

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

ARTICL VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ARTICLE VII INCORPORATOR

PRESMIL J. MASSON, JR.
8420 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 — Date 03/04/04

Signature/ Incorporator — Date 03/04/04

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