

PO4000090289

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000123460 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2004 JUN 10 AM 8:53
ALLIANCE OF STATE
TALLAHASSEE FLORIDA

To:

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

From:

Account Name : ACCOUNTING AND BOOKKEEPING SERVICE, INC.
Account Number : I20010000101
Phone : (305) 945-7892
Fax Number : (305) 945-7675

FLORIDA PROFIT CORPORATION OR P.A.

PRO-CARE CHIROPRACTIC REHAB CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

6/11/04

ARTICLES OF INCORPORATION
OF
PRO-CARE CHIROPRACTIC REHAB CENTER INC.

FILED
2004 JUN 10 AM 8:53
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this Corporation is PRO-CARE CHIROPRACTIC REHAB CENTER INC.

ARTICLE II - DURATION

The Corporation shall have perpetual existence.

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the United States or of the State of Florida.

ARTICLE IV - CAPITAL STOCK

The stock of this corporation consist of 1 class, namely

1. Class A stock consisting of 1,000 shares of voting stock, each having \$.001 par value.

The principal place of business for this corporation shall be:

5175 NE 2ND AVENUE
MIAMI, FL 33137

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of this Corporation is:

JAMES AUGUSTIN, PRESIDENT
5175 NE 2ND AVENUE
MIAMI, FL 33137

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by the By-laws but shall never be less than one (1). The name and address of the initial Directors of this Corporation is:

JAMES AUGUSTIN, PRESIDENT
5175 NE 2ND AVENUE
MIAMI, FL 33137

ROODY JEAN-PIERRE, VICE-PRESIDENT
5175 NE 2ND AVENUE
MIAMI, FL 33137

ARTICLE VII – BY – LAWS

The By-laws of this Corporation may be adopted, altered, amended or repealed by either the Class A stockholders or the Directors.

ARTICLE VIII – INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE IX – INCORPORATOR

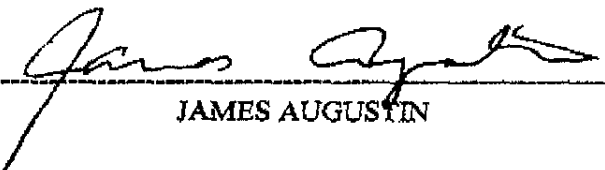
The name and address of the person signing these Articles is

JAMES AUGUSTIN, PRESIDENT
5175 NE 2ND AVENUE
MIAMI, FL 33137

ARTICLE X – AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with Florida law.

In witness whereof, the undersigned has executed these Articles of Incorporation this 10TH Day of June 2004.


JAMES AUGUSTIN

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED CORPORATION HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF IT DUTIES.

DATED, THIS 10TH DAY OF JUNE, 2004

JAMES AUGUSTIN

BY



JAMES AUGUSTIN

STATE OF FLORIDA

SS:

COUNTY OF DADE

Before me, a Notary Public authorized in the State and County set forth above, personally appeared JAMES AUGUSTIN known to me and known by me to be the person who, as INCORPORATOR, executed the foregoing Articles of Incorporation for PRO-CARE CHIROPRACTIC REHAB CENTER INC. and he acknowledged before me that he executed those Articles of Incorporation.

In Witness Whereof, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 10TH day of June 2004.



NOTARY PUBLIC, STATE OF FLORIDA,
AT LARGE

My Commission Expires:



Mark Fernandez
MY COMMISSION # 00009083 EXPIRES
May 5, 2005
BONDED THRU TROY FARM INSURANCE INC.

FILED
2004 JUN 10 AM 8:53
TALLAHASSEE FLORIDA