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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

TLC Medical & Rehab, P.A.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TLC Medical & Rehab, P.A.

ARTICLE II PRINCIPAL OFFICE

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

**TLC Medical & Rehab, P.A.
950 North Federal Highway, Suite 109
Pompano Beach, FL 33062**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Chiropractor**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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HICKSVILLE, NY
CLERK OF COURT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Tania Adams
950 North Federal Highway, Suite 109
Pompano Beach, FL 33062**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Tania Adams- President
2625 Southeast 5th Street
Pompano Beach, FL 33062**

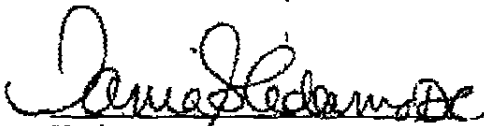
ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Tania Adams
2625 Southeast 5th Street
Pompano Beach, FL 33062**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of June 2004.

A handwritten signature in cursive script, appearing to read 'Tania Adams', is written over a horizontal line.

**Tania Adams
SIGNATURE**

**CERTIFICATE OF DESIGNATION OF
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 THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **TLC Medical & Rehab P.A.**

2. The name and address of the registered agent and office is:

Tania Adams

Name

950 North Federal Highway, Suite 109

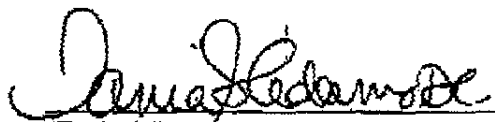
(P.O. Box or Mail Drop Box NOT Acceptable)

Pompano Beach, FL 33062

(City / State / Zip)

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HEREIN IS UNCLASSIFIED
DATE 06-11-2004 BY 60322
UCBAW

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Tania Adams
SIGNATURE

June 22, 2004

(Date)