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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     : A 1 A CORPORATE SERVICES, INC.
    Account Number   : I20010000247
    Phone            : (877)527-3463
    Fax Number       : (305)675-2811
```

FLORIDA PROFIT CORPORATION OR P.A.

MAGIC CHIROPRACTIC CLINIC, INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$70.00**

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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 :
MAGIC CHIROPRACTIC CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is :
600 WEST OAKRIDGE ROAD,STE 3
ORLANDO, FL 32809

ARTICLE III PURPOSE
CHIROPRACTIC CLINIC

ARTICLE IV SHARES
The number of shares of stock is:
1500 COMMON SHARES

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)
The name(s), address(es), and title(s) of the directors and officers is:
Director:
RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

Director:
CHESNEL RAPHAEL
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:
RONY RICHARD LOUIS
600 WEST OAKRIDGE ROAD, STE 3
ORLANDO, FL 32809

Having been named as registered agent to accept service of process for the above 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: 9-13-04

Signature/Incorporator — Date: 9-13-04

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