

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
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**FLORIDA PROFIT CORPORATION OR P.A.**  
**HUMPHREY CHIROPRACTIC CENTER, P.A.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

Humphrey Chiropractic Center, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

Humphrey Chiropractic Center, P.A.

The principal place of business of this corporation shall be:

605 Overlook Drive, Winter Haven, FL. 33884

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

Prepared by Ronald A. Brown & Associates, P.A.  
P. O. Box 999, Winter Haven, FL 33882-0999

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at one time is 1000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

Chiropractors

ARTICLE V. OFFICERS AND DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

Gary V. Humphrey President	1820 Woodpointe Dr. Winter Haven, FL 33884
Doris A. Humphrey V. Pres., Sec., Treas.	1820 Woodpointe Dr. Winter Haven, FL 33884

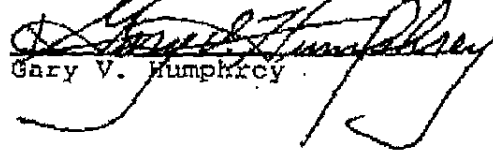
ARTICLE VI. INCORPORATOR(S)

The name and street address of the incorporator to these Articles of Incorporation is Gary V. Humphrey, 1820 Woodpointe Dr., Winter Haven, FL 33884.

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IN WITNESS WHEREOF, the undersigned incorporate has  
executed these Articles of Incorporation this 8<sup>th</sup> day of  
May, 2005.

Signature of Incorporator

  
Gary V. Humphrey

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is Humphrey Chiropractic Center, P.A.

The name and address of the registered agent and office is Gary V. Humphrey, 1820 Woodpointe Dr., Winter Haven, FL 33884.

SIGNATURE

TITLE

President

DATE

05-08-05

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE

DATE

05-08-05