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FLORIDA PROFIT CORPORATION OR P.A.

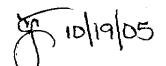
jenniser walder, d.c., p.a.

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ARTICLES OF INCORPORATION

JENNIFER WALDER, D.C., P.A.

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 JENNIFER WALDER, D.C., P.A. ARTICLE II PRINCIPAL OFFICE

ARTICLE II

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

> 2611 SW 13TH AVENUE, APT. 1 FT. LAUDERDALE, FL 33315

ARTICLE III CAPITAL STOCK

ARTICLE III

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

500 SHARES @ \$1.00 PAR VALOR .

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are) JENNIFER WALDER

2611 SW 13TH AVENUE, APT. : FT. LAUDERDALE, EL 33315

ARTICLE V INCORPORATOR (S)

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

JENNIFER WALDER

2611 SW 13TH AVENUE, APT. FT. LAUDERDALE, FL 33915

ARTICLE VI

The specific nature of the Professional Association

Doctor of Chiropractic

The undersigned has this

SIGNATURE

HO5000243464

CERTIFICATE OF DESIGNATION PECISTERED 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 designating the registered office/registered agent, in the state of Florida.

 The name of the corporation is: JENNIFER WALDER, D.C., P.A.

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

JENNIFER WALDER

2611 SW 13^{TA} AVENUE, APT. 1

FT. LAUDERDALE, FL 33315

Jennifer Walder

SICHRIURE / Corporate officer

TITLE : PRESIDENT

DATE

HAVING BEEN MAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE FLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGENE TO COMPLY WITH THE PROVISIONS OF ALL STATUSE RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

RICHATIES.

DATE

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