

**P05000152051**

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**DR. WILLIAM J. RICE, CHARTERED**

Certificate of Status	0
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*C.S. 11-16*



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 15, 2005

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: DR. WILLIAM J. RICE, DC PC  
REF: W05000051028

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole  
Document Specialist  
NEW FILINGS

FAX Aud. #: H05000262398  
Letter Number: 405A00067602

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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:

DR. WILLIAM J. RICE, CHARTERED

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10860 GRANDE BLVD  
WEST PALM BEACH, FL 33412**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WHOLISTIC HEALTHCARE PRACTICE

**ARTICLE IV SHARES**

The number of shares of stock is:

200 at no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DR. WILLIAM J. RICE  
10860 GRANDE BLVD  
WEST PALM BEACH, FL 33412**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:DR. WILLIAM J. RICE  
10860 GRANDE BLVD  
WEST PALM BEACH, FL 33412**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Justin T. Reed, c/o BlumbergExcelsior Corporate Services, Inc.  
62 White Street, 2nd Floor  
New York, NY 10013

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated 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

Justin T. Reed

BlumbergExcelsior Corporate Services, Inc.

BlumbergExcelsior  
New York, NY 10013

Date

Date

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