(Requestor's Name)
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(Document Number)
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	inal and one (1) copy of the arti	aleg of incorporation and	La chaol: for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Joe Ralsky Name (Printed of typed) [1217 Spring hill Urive		
	Springhil City,	F 341 State & Zip	609
-	352-	State & Zip GP3 - 507	

NOTE: Please provide the original and one copy of the articles.



January 11, 2006

JOE RALSKY 11217 SPRINGHILL DRIVE SPRINGHILL, FL 34609

SUBJECT: DISCOVER FAMILY CHIROPRACTIC CO.

Ref. Number: W06000001292

We have received your document for DISCOVER FAMILY CHIROPRACTIC CO.. However, the document has not been filed and is being returned for the following:

Please complete Article(s) VI.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000084850 - DISCOVER FAMILY CHIROPRACTIC, INC..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 106A00002054

Loria Poole Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit)
ARTICLE I NAME The name of the corporation shall be:	Wellness Cente
Discover Family	Chiropractic Co.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
11217 Springhill Drive	Springhill Florida 34609
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Chiropractic Office	
ARTICLE IV SHARES The number of shares of stock is: 5 5	CLAH (SSEE FLORIDARS)
ARTICLE V INITIAL OFFICERS/DIRECTOR The name(s), address(es) and title(s):	RS (optional)
Joe Ralsky D.C.	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered	agent is: Joe Ralsky
11217 Springhill Drive	Springhill Florida 34600
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	.,
Joe Ralsky 112	-17 Springhill Dr. Springhill F
**************************************	**************************************
Signature/Registered Agent	1/6/06 Date
ave Al	1/6/06
Signature/Incorporator	Date

ARTICLES OF INCORPORATION