

Division of Corporations

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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 : (800)494-3124  
Fax Number : (305)675-2811

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Chiropractic Associates Group, Inc**

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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:

**Chiropractic Associates Group, Inc**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is :

20601 East Dixie Highway Suite 310

Aventura, FL 33180

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

#### **PRESIDENT:**

LEE PERDECK

5560 S. FLAMINGO RD

COOPER CITY, FL 33330

#### **VICE PRESIDENT:**

ANDREW SANDS

20601 EAST DIXIE HIGHWAY SUITE 310

AVENTURA, FL 33180

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**Chiropractic Associates Group, Inc**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

LEE PERDECK  
20601 EAST DIXIE HIGHWAY SUITE 310  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

ANDREW SANDS  
20601 EAST DIXIE HIGHWAY SUITE 310  
AVENTURA, FL 33180

\*\*\*\*\*  
*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.*

  
LEE PERDECK / REGISTERED AGENT

8-14-06  
DATE

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ANDREW SANDS / INCORPORATOR

8/14/06  
DATE

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