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FEB. 15 2008 2:14PM CORPORATION CAPITAL CONNECTION NO. 4[illegible] P[illegible]

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

OPTIMAL WELLNESS & REHAB CENTER, P.A.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

OPTIMAL WELLNESS & REHAB CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1422 BLOOMINGDALE AVENUE
VALRICO, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CHIROPRACTIC MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEPHANIE K FALLON (PRESIDENT)
1422 BLOOMINGDALE AVE
VALRICO, FL 33594

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

STEPHANIE K FALLON
1422 BLOOMINGDALE AVE
VALRICO, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHANIE K FALLON
1422 BLOOMINGDALE AVE
VALRICO, FL 33594

****

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 — Date: 2/14/08

Signature/Incorporator — Date: 2/14/08