

P08000019565

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

MIAMI PAIN RELIEF AND CHIROPRACTIC CARE, INC

Certificate of Status	0
Certified Copy	1
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50-52-2
2008

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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:

MIAMI PAIN RELIEF AND CHIROPRACTIC CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
4343 WEST FLAGLER STREET
STE. 408
MIAMI FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES EACH \$ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALEXI O. FAKHARI - AS PRESIDENT
5070 NORTH OCEAN DRIVE
STE 16 C SINGER ISLAND
FLORIDA 33404

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ARTICLE VI REGISTERED AGENT

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

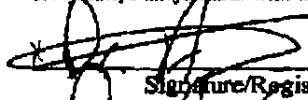
ALEXI O. FAKHARI
5070 NORTH OCEAN DRIVE
STE 16 C SINGER ISLAND
FLORIDA, 33404

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

ALEXI O. FAKHARI
5070 NORTH OCEAN DRIVE
STE 16 C SINGER ISLAND
FLORIDA, 33404

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



Signature/Incorporator

2/21/2008
Date

2/21/2008
Date