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FLORIDA PROFIT/NON PROFIT CORPORATION

LOVELL CHIROPRACTIC SERVICES, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

LOVELL CHIROPRACTIC SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
348 N.W. 27 AVE , MIAMI FL 33125

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 $ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEPHEN MARK LOVELL
AS PRESIDENT

4527 CORONADO PKWY
CAPE CORAL , FL 33904

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ARTICLE VI REGISTERED AGENT

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

STEPHEN MARK LOVELL
4527 CORONADO PRKWY
CAPE CORAL, FL 33904

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

STEPHEN MARK LOVELL
4527 CORONAOD PRKWY
CAPE CORAL, FL 33904

****

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 — 03/13/08 Date

Signature/Incorporator — 03/13/08 Date