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DIVISION OF CORPORATION

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**WINTER HAVEN CHIROPRACTIC, INC.**

Certificate of Status	1
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**ARTICLES OF INCORPORATION  
OF  
WINTER HAVEN CHIROPRACTIC, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME AND ADDRESS**

The name and address of the corporation is:

**NAME: WINTER HAVEN CHIROPRACTIC, INC.**

**ADDRESS: 7000 LUCERNE PARK ROAD, SUITE #6, WINTER HAVEN, FL 33881**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Initial Registered Agents of this Corporation is:

Name: DR. WILLIAM GLIWA  
Address: 2834 N. HIAWASSEE  
City: ORLANDO, FL 32818

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**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name: DR. WILLIAM GLIWA, PRESIDENT

Address: 7000 LUCERNE PARK ROAD, SUITE #6

City: WINTER HAVEN, FL 33881

**ARTICLE VII - INCORPORATORS**

The name and address of the person(s) signing these articles of Incorporation are as follows:

Name: DR. WILLIAM GLIWA

Address: 7000 LUCERNE PARK ROAD, SUITE

City: ORLANDO, FL 32835

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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



DR. WILLIAM GLIWA/Registered Agent

5/20/2008

Date



DR. WILLIAM GLIWA/Incorporator

5/20/2008

Date

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Page 3