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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)222-1222

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DEPARTMENT OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION

BACK 2 LIFE REHABILITATION CENTER, P.A.

Certificate of Status	0
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2-27-09

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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:

Back 2 Life Rehabilitation Center P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

23123 State Road 7 #106
Boca Raton FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of this buisness is to treat patients using chiropractic and physical therapy medical clinic

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):

DR. STEPHANIE FALLON – President
23123 State Road 7 #106
BOCA RATON FL 33428

ARTICLE VI REGISTERED AGENT

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

Stephanie Fallon
23123 State Road 7 #106
BOCA RATON FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie Fallon
23123 State Road 7 #106
BOCA RATON FL 33428

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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

Signature/Registered Agent — 2-25-09 Date

Signature/Incorporator — 2-25-09 Date