

26. 2 1 1 PM 00 CAPITAL CONNECTION NO 19 Page 1 of 1
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6361

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

RECEIVED
DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

BACK 2 LIFE REHABILITATION CENTER, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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 business 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**

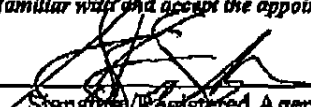
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stephanie Fallon
23123 State Road 7 #106
BOCA RATON FL 33428**ARTICLE VII INCORPORATOR**

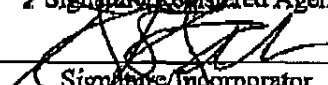
The name and address of the Incorporator is:

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

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
2-25-09

Date2-25-09

Date

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