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Florida Department of State
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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
09 FEB 26 PM 12:48

FLORIDA PROFIT/NON PROFIT CORPORATION

FIRST CHOICE MEDICAL REHABILITATION CENTER, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
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Corporate Filing Menu

T. Burch FEB 27 2009
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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:

FIRST CHOICE MEDICAL REHABILITATION CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

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

5671-5673 VINELAND ROAD
DELANDO, FL 32819**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE SPECIFIC NATURE OF THE 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):

SEAN FALLON, PRESIDENT
5288 SEMINOLE BLVD
ST. PETERSBURG, FL 33708**ARTICLE VI REGISTERED AGENT**

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

DR SEAN FALLON
5288 SEMINOLE BLVD
ST. PETERSBURG, FL 33708**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DR SEAN FALLON
5288 SEMINOLE BLVD
ST. PETERSBURG, FL 33708*****
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 capacity157 
Signature/Registered Agent2-25-09
Date157 
Signature/Incorporator2-25-09
Date