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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

First Choice Chiropractic Center, P.a.

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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 CHIROPRACTIC CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

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

2312 W. WATERS AVE #9
TAMPA, FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NATURE OF THE BUSINESS IS TO TREAT PATIENTS USING CHIROPRACTIC & MASSAGE THERAPY MEDICAL CLINIC CARE

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
2312 W. WATERS AVENUE #9
TAMPA, FL 33604

ARTICLE VI REGISTERED AGENT

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

DR. SEAN FALLON
2312 W WATERS AVE #9
TAMPA, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR SEAN FALLON
2312 W WATERS AVE #9
TAMPA, FL 33604

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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 Sfallon
Signature/Registered Agent — 04-22-09 Date

Dr Sfallon
Signature/Incorporator — 04-22-09 Date