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To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:
        Account Name    : HUBCO
        Account Number  : 104662003400
        Phone           : (516)935-3940
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FLORIDA PROFIT/NON PROFIT CORPORATION

Allcare Injury & Rehab, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

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T. Burch JUN 23,2009

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

ARTICLE I   NAME

The name of the corporation shall be:

Allcare Injury & Rehab, P.A.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Allcare Injury & Rehab, P.A.
5701 North Federal Highway
Boca Raton, FL 33487

ARTICLE III   SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 SHARES at No Par Value

ARTICLE IV   PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: **Chiropractics**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

        Tania Adams
        2870 NE 14th St. Causeway, Apt. 407C
        Pompano Beach, FL 33062

ARTICLES VI   INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

        Tania Adams - President/Director
        2870 NE 14th St. Causeway, Apt. 407C
        Pompano Beach, FL 33062

ARTICLES VII   INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

        Tania Adams
        2870 NE 14th St. Causeway, Apt. 407C
        Pompano Beach, FL 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

____19th___ day of __June_____ 2009.

Tania Adams
SIGNATURE

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Allcare Injury & Rehab, P.A.**

2. The name and address of the registered agent and office is:

Tania Adams

Name

2870 NE 14th St. Causeway, Apt. 407C

(P.O. Box or Mail Drop Box NOT Acceptable)

Pompano Beach, FL 33062

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as registered
agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes
relating to the proper and complete performance of my duties, and am familiar with and accept the
obligations of my position as registered agent.*

Tania Adams
SIGNATURE

June 19, 2009
(Date)

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