

POA 000056121

Florida Corporation Service

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p.1

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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

BRAIN HEALING CENTER OF AMERICA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:

BRAIN HEALING CENTER OF AMERICA, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2855 N UNIVERSITY DRIVE, STE 210
CORAL SPRINGS, FLORIDA 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is a medical practice.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

PAUL H WAND, MD

2855 N UNIVERSITY DRIVE, STE 210
CORAL SPRINGS, FLORIDA 33065

DIRECTOR

GERALD GLUCK PhD

2855 N UNIVERSITY DRIVE, STE 210
CORAL SPRINGS, FLORIDA 33065

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAUL H WAND, MD
2855 N UNIVERSITY DRIVE, STE 210
CORAL SPRINGS, FLORIDA 33065

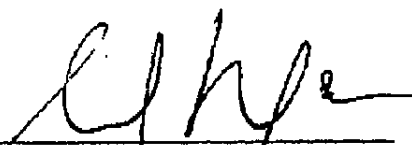
ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

PAUL H WAND, MD
2855 N UNIVERSITY DRIVE, STE 210
CORAL SPRINGS, FLORIDA 33065


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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.



PAUL H WAND, MD / Registered Agent

6/16/09
Date



PAUL H WAND, MD / Incorporator

6/16/09
Date

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