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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MESA SPINAL CARE, P.A.**

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**H10000054558****ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be: *Mesa Spinal Care, P.A.*

**ARTICLE II PRINCIPAL OFFICE**

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

*14241 SW 38st  
Miami, FL 33175*

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:

*Chiropractic care*

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

*100*

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*Dr. David Mesa  
14241 SW 38st  
Miami, FL 33175*

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**H10000054558****ARTICLE VI BOARD OF DIRECTOR (S)**

The name and address of the initial board of director(s) shall be:

Dr David Mesa  
14241 SW 38st  
Miami, FL 33175

**ARTICLE VII OFFICER (S)**

The name, title and address of the officer(s) of this corporation shall be:

Dr David Mesa  
14241 SW 38st  
Miami, FL 33175

**ARTICLE VIII INCORPORATOR (S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Dr David Mesa  
14241 SW 38st  
Miami, FL 33175

The undersigned has (have) executed these Articles of Incorporation this 10 day of March, 2010.

  
Incorporator Signature

**H10000054558**

**H10000054558****CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
**REGISTERED AGENT SIGNATURE**

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