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DIVISION OF CORPORALIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2012

MARK W ASHLEY DC 422 7TH ST SUITE A8-288 WEST PALM BEACH, FL 33401

SUBJECT: VITAL HEALTH MEDICAL REHABILITATION, INC.

Ref. Number: W12000004052

We have received your document for VITAL HEALTH MEDICAL REHABILITATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 412A00008230

Pamela Smith Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Vital Health Medical Rehabilitation, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Mark W. Ashley DC	(Printed or typed)
422 7th Street, Suite A	18-288 ddress
West Palm Beach, Flo	orida 33401 State & Zip
561-835-3556 Daytime Te	elephone number
doc4chiro@bellsouth.r	net I for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION

SEURETARY OF STATE

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profig) VISION OF CORPORATIONS

•	in compliance with chapter our air	aror empter our, r.o. (r.	AIR AIR OF POUR AUTO
ARTICLE I The name of the corp	NAME Vital Health Medical R	tehabilitation, Inc.	12 MAR -9 PM 1: 27
A DOTOT IS IT	DIMORAL OFFICE		
ARTICLE II	PRINCIPAL OFFICE	N.4-111	
11	Principal <u>street</u> address 22 7th Street, Suite A8-288	ivianing	g address, if different is:
	est Palm Beach, Florida 33401		
<u>vv</u>	estrain beach, Florida 55401		
_			
The purpose for wh	ich the corporation is organized is:		
This organized internal medici	d corporation will be in business to pine.	perform medical reh	abilitative, therapeutic and
ARTICLE IV S The number of shares	SHARES s of stock is: / C		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	RS	
Name and Titl	e:Dr. Mark W. Ashley	Name and Title:	
Address:	422 7th Street, suite A8-288		
	West Palm Beach, Fl 33401		
Name and Title	e:	Name and Title	
Address:	C	Address:	
Address.			
			
	- "		
	e:	Name and Title:	
Address:			
ARTICLE VI R	REGISTERED AGENT	Cat	-
	da street address (P.O. Box NOT acceptable) of	t the registered agent is:	
Name: Address:	Mark W. Ashley		
Address:	422 7th Street, suite A8-288 West Palm Beach, FI 33401	-	
	West Pailli Beaut, Ft 3340.		
ARTICLE VII I	NCORPORATOR		
The name and addre	ess of the incorporator is:		
Name:	Mark W. Ashley	-	
Address:	422 7th Street, suite A8-288		
\sim	West Palm Béach, Fl 33401	-	
Having been named	as registered agent to accept service of proces.	s for the above stated cor	poration at the place designated in
this certificate am	familiat with and accept the appointment as reg	gistered agent and agree to	act in this capacity
AH-7	TI None		110/12
			118/12
	Required Signature/Registered Agent		Date
I submit this docum	ent and aftern that the facts stated herein are	true. I am aware that th	e false information submitted in a
	pariment of State constitutes a third degree felon		
			\mathcal{A}_{i}
			1110/16
	Required Signature/Incorporator		Date