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TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

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STATE OF FLORIDA

SUITE 200

409 EAST GAINES STREET

MIAMI FL 33136-

TALLAHASSEE, FL 32399

CONTACT: RAY STORMONT

FAX: (904) 922-4000

PHONE: (305) 641-3094

FAX: (305) 641-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: HARLEY J. BOFSHEVER, P.A.

FAX AUDIT NUMBER: H95000000354

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/10/1995

TIME REQUESTED: 12:34:13

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CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 4

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ACCOUNT NUMBER: 072450003255

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TO

JAN-10-1995 12:59 FROM EMPIRE

ARTICLES OF INCORPORATION

OF

HARLEY J. BOFSHEVER, P.A.

THE UNDERSIGNED, for the purpose of forming a corporation for profit pursuant to Chapter 621, Florida Statutes, does hereby adopt the following Articles of Incorporation.

WITNESSETH

ARTICLE I
NAME

The name of the corporation is:

HARLEY J. BOFSHEVER, P.A.

ARTICLE II
DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of the State of Florida.

ARTICLE III
PURPOSES

This corporation is organized for the purposes of rendering professional chiropractic services in accordance with the provisions of Florida Statutes, Section 621.06, through its members, officers, employees and agents who are duly licensed or otherwise legally authorized to render such professional services within the State of Florida.

ARTICLE IV
CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$.05 par value common stock.

ARTICLE V
QUORUM FOR SHAREHOLDER'S MEETINGS

Unless otherwise provided for in the corporation's bylaws, a majority of the shares entitled to vote, represented in person or by proxy, shall be required to constitute a quorum at a meeting of shareholders.

This instrument prepared by:
Harold S. Bofshever, P.A.
2455 East Sunrise Boulevard, Suite 917
Fort Lauderdale, Florida 33304
Florida Bar No. 210064

HAROLD S. BOFSHEVER, ESQ.
FL. BAR NO. 210064

(305) 563-2727
2455 E. SUNRISE BLVD. # 917
FORT LAUDERDALE, FL. 33304

198409224000 P.02

TO

JAN-10-1995 12:59 FROM EMPIRE

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JAN 10 1995
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VI
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this corporation is 2041 University Drive, Coral Springs, Florida, 33071, and the name of the initial registered agent of this corporation at such address is Dr. Harley J. Bofshever.

ARTICLE VII
INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than one. The name and address of the initial director of the corporation is as follows:

Dr. Harley J. Bofshever
2041 University Drive
Coral Springs, Florida 33071

ARTICLE VIII
INCORPORATION

The name and address of the corporation's incorporator is:

Dr. Harley J. Bofshever
2041 University Drive
Coral Springs, Florida 33071

ARTICLE IX
INDEMNIFICATION

The corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation to the fullest extent permitted under Florida law existing now or hereinafter enacted.

ARTICLE X
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the corporation is:

Dr. Harley J. Bofshever
2041 University Drive
Coral Springs, Florida 33071

IN WITNESS WHEREOF, I have subscribed my name this 6th day of January, 1993.


DR. HARLEY J. BOFSHEVER
Incorporator

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STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 6th day of January, 1995, by DR. HARLEY J. BOFSHEVER, who did take an oath. Such person:

- (X) is personally known to me.
- () produced a current Florida driver's license as identification, number _____
- () produced _____ as identification.

Barbara N. Schppa (Barbara N. Schppa)
Notary Public
State of Florida at Large
My commission expires:



CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34, Florida Statutes, the following is submitted, in compliance with said Act:

That HARLEY J. BOFSHEVER, P.A. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of Coral Springs, County of Broward, State of Florida has named DR. HARLEY J. BOFSHEVER, located at 2041 University Drive, City of Coral Springs, County of Broward, State of Florida, as its agent to accept service of process within this state.

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

[Signature]
HARLEY J. BOFSHEVER
Registered Agent

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((H A M O N D S))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

1402 W FLAGLER BT

STATE OF FLORIDA

SUITE 200

409 EAST GAINES STREET

MIAMI FL 33135-

TALLAHASSEE, FL 32399

CONTACT: RAY STORMONT

FAX: (904) 922-4000

PHONE: (305) 541-3694

FAX: (305) 841-3770

(((1195000000699)))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: HARLEY J. BOFSHEVER, P.A.

FAX AUDIT NUMBER: H95000000699

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/18/1995

TIME REQUESTED: 14:12:23

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CERTIFICATE OF STATUS: 0

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- Article I is hereby amended by changing the name of the corporation from Harley J. Bofshever, P.A. to Harley J. Bofshever, D.C., P.A.

(D) The Amendment was adopted on January 18, 1995.

IN WITNESS WHEREOF, I have subscribed my name this 10th day of January, 1995.

DR. HANLEY J. ROFSHEVER
Sole Sharehold and Director

The foregoing instrument was acknowledged before me this 18 day of January, 1998, by DR. HARLEY J. BOPSEVER, who did take an oath.
Such person:

(X) is personally known to me.
produced a current Florida driver's license as
identification, number _____
produced _____ as identification.

Notary Public:
State of Florida at Large
My commission expires:

This instrument prepared by:
Herald S. DeShawen, T.A.
2435 West Sunrise Boulevard, Suite 217
Fort Lauderdale, Florida 33304
Florida Bar No. 218064

HAROLD S. BOFSHEVER, ESQ.
2455 E. SUNRISE BLVD. # 917
FT. LAUD., FL 33304

OFFICIAL NOTARY SEAL
HAROLD S. DOWNES
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. 0002008
MY COMMISSION EXP. SEPT. 13, 1978

19049224000 P.02

10

FROM EMPLOYEE

45:51

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