

P9500034374

Date: April 24, 1995

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

FILED  
25 APR 27 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3000001467673  
-04/28/95--01013--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

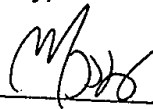
Dear Sir or Madam:

Enclosed please find Articles of Incorporation for With Hands Only Chiropractic, P.A.  
along with a check in the amount of \$ 70.00 for filing fee and designation of registered  
agent.

Thank you.

With Hands Only Chiropractic, P.A.  
3710 W. Euclid Ave.  
Tampa, FL 33629

Sincerely,



# Articles of Incorporation

Professional Association

FILED  
95 APR 27 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation is: **With Hands Only Chiropractic, P.A.**
2. The purpose for which this corporation is organized is practice of chiropractic.
3. The principal place of business and mailing address of the corporation is:  
3710 W. Euclid Ave., Tampa, FL 33629.
4. The corporation shall have the authority to issue 1000 shares of common stock, in one class only, each with a par value of \$ 1.00.
5. The registered agent of the corporation is Dr. Colin Robert Moore and the registered address is 3710 W. Euclid Ave., Tampa, FL 33629 .
6. The initial Board of Directors shall have 2 members whose names and addresses are as follows: Dr. Colin Robert Moore, 3710 W. Euclid Ave., Tampa, FL 33629 and Annie Moore, 3710 W. Euclid Ave., Tampa, FL 33629.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

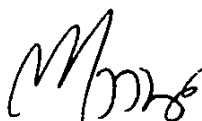
7. The incorporator of this corporation is Dr. Colin Robert Moore whose address is 3710 W. Euclid Ave., Tampa, FL 33629.

Dated 4/24/95

  
Incorporator

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 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.

Dated 4/24/95

  
Registered Agent