LAW OFFICES OF

ZWICK, FRIEDMAN & GOLDBAUM, P.A.

The Plaza, Suite #01
5355 Tuwn Center Road
Boca Raton, Florida 33484

(407) 26-5511

Andrew R. F. Adman 5 (2007) 84-92

May 10, 1995

Mr. Steve Godfrey Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32301 -05/15/95--01030--009 ****122.50

Reference: The Center for Natural Health, P.A.

Dear Mr. Godfrey:

Enclosed herewith please find an original and one copy of the Articles of Incorporation for the above captioned corporation and our check in the amount of \$122.50 to cover the cost associated with same.

Once the enclosed is processed, kindly return one stamped copy to the undersigned in the self addressed stamped envelope.

If you have any questions regarding the enclosed, feel free to call. Thank you for your cooperation in this matter.

Very truly yours,

Sheila E. Cusick, Legal Assistant

sc Enclosures

cc: Dr. Andrea Lawrence

P.S. Please return the articles by Fed EX.

95 IIAY 11 PH 2: 2 SECRETARY OF STATE

ARTICLES OF INCORPORATION OF

THE CENTER FOR NATURAL REALTH, P.A.

I, the undersigned, desiring to organize a professional service corporation for the purposes hereinafter stated, pursuant to the laws of the State of Florida, hereby certify as follows:

ARTICLE I

The name of the corporation shall be:
THE CENTER FOR NATURAL HEALTH, P.A.

ARTICLE II

The general nature of the professional services to be rendered by this professional service corporation shall be as follows: to wit:

- (a) To carry on, pursuant to the laws of the State of Florida, the professional services rendered by Chiropractors and to engage in all of its fields of specialization except that the corporation shall not render professional services except through its officers, employees and agents who are duly licensed or otherwise legally authorized to render such professional services within the State of Florida;
- (b) To invest funds in real estate, mortgages, stocks and other types of investments; and
- (c) To own real and personal property necessary to the rendering of the professional services hereby authorized.

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ARTICLE III

The maximum number of shares of stock which this
Corporation is authorized to have outstanding at any time and the
class thereof is as follows: Ten Thousand (10,000) shares of
Common Stock at a par value of One (\$1.00) Dollar.

ARTICLE IV

The amount of capital with which this corporation shall commence business shall not be less than Five Hundred Dollars (\$500.00).

ARTICLE V

This corporation shall have perpetual existence, unless dissolved according to law.

ARTICLE VI

The principal office of the Corporation shall be at: 6544 North State Road 7, Coconut Creek, FL 33067, and the registered agent at the above address is: ANDREA LAWRENCE.

ARTICLE VII

No shareholder of this Corporation may sell or transfer his shares in this Corporation except to another individual who is licensed to render the same professional services which the Corporation has the power to conduct, and such sale or transfer may be made only after the same shall have been approved, at a stockholders meeting specially called for such purpose, by the holders of a majority of the outstanding stock. At such stockholder's meeting, the shares of stock held by the shareholder proposing to sell or transfer his shares may not be

counted or voted for any purpose. The Board of Directors of this Corporation may adopt any additional By-Laws restraining the alienation of shares; provided, however, that such provisions dealing with the purchase or redemption by the Corporation of its shares may not be invoked at a time or in a manner that would impair the capital of the Corporation.

ARTICLE VIII

The number of Directors shall not exceed three (3). The names and addresses of the members of the first Board of Directors are:

NAME	ADDRESS

ANDREA LAWRENCE 6544 N. State Road 7 Coconut Creek, FL 33067

ARTICLE IX

The name and post office address the subscriber to the Articles of Incorporation is:

NAME	ADDRESS

ANDREA LAWRENCE 6544 N. State Road 7 Coconut Creek, FL 33067

ARTICLE X

The names and post office addresses of the officers of the Corporation are as follows:

NAME ADDRESS

ANDREA LAWRENCE 6544 N. State Road 7
President/Secretary Coconut Creek, FL 33067
Treasurer

IN WITNESS WHEREOF, the undersigned incorporator, being the same person named in Article IX above, and in evidence of her desire to form this Corporation does hereunto subscribe her name, this 94 day of May, 1995.

Sybscriber average S

STATE OF FLORIDA 88: COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, ANDREA LAWRENCE, to me well known to be the person who executed the foregoing Articles of Incorporation of THE CENTER FOR NATURAL HEALTH, P.A., and she acknowledged to me that she signed and executed the same for the purposes therein stated.

NOTARY PUBLIC, STATE OF FLORIDA

Personally known or Produced identification

Type of

identification

My Commission Expires:

OFFICIAL NOTARY SEAL SHEILA CUSICK NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC213240 MY COMMISSION EXP. JULY 23,1996

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

PIRST - THAT THE CENTER FOR NATURAL HEALTH, P.A.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF COCONUT CREEK, STATE OF FLORIDA, HAS NAMED ANDREA LAWRENCE LOCATED AT 6544 NORTH STATE ROAD 7, CITY OF COCONUT CREEK, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE	Jaker James Acco
	(Sole Incorporator)
TITLE	President
DATE	5-9-15

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE (Registered Agent)

DATE 5-9-15
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