

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

W95-11523
SDC
-789
505
671

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY PAK _____

WALK-IN Will Pick Up 7:17 1200

RE: Southeast Center
of Clinical Practice Medicine
Inc.

DIVISION	C.C. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal	200001538752	
C U S-	-07/17/95--01021--014	
Fictitious Name File	****122.50	****122.50
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone () _____		
Top Priority		
Express Mail Prep		
FAX () _____ pgs.		

SUBTOTALS	
FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

July 17, 1995

Sandra B. Mortham
Secretary of State

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE
Ref. Number: W95000014323

We have received your document for SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 (904) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 995A00034121

ARTICLES OF INCORPORATION
OF
SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.

FILED
95 JUL 18 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
CORPORATE NAME

The name of this corporation is SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.

ARTICLE II
INITIAL PRINCIPAL PLACE OF BUSINESS

The corporation's initial principal place of business shall be 9342 Ketay Circle, Boca Raton, Florida 33428.

ARTICLE III
NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE IV
CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 200 shares of common stock having par value of \$1.00.

ARTICLE V
TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon filing of these Articles.

ARTICLE VI
REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Daniel J. Brams, Esquire
1645 Palm Beach Lakes Blvd
Suite 1050
West Palm Beach, FL 33401

ARTICLE VII
BOARD OF DIRECTORS

This Corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by By-Laws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII
INITIAL DIRECTOR

The name of the initial directors of this Corporation and their street addresses are:

Robert Banuchi
9342 Ketay Circle
Boca Raton, Florida 33428

John D'Amico
7990 S.W. 24 Place
Ft. Lauderdale, Florida 33324

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successor is elected or appointed and have qualified, whichever comes first.

ARTICLE IX
OFFICERS

The officers of the Corporation shall consist of:

John D'Amico - President/Secretary
Robert Banuchi - Vice-President/Treasurer

ARTICLE X
INCORPORATOR

The name and address of the person signing these Articles of Incorporation as the Incorporator is:

Daniel J. Brams, Esquire
Hicks and Brams, P.A.
1645 Palm Beach Lakes Blvd
Suite 1050
West Palm Beach, FL 33401

ARTICLE XI
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 14 day of July, 1995.

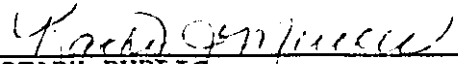


Daniel J. Brams

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME personally appeared Daniel J. Brams, to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that he executed same for the purposes therein expressed and who produced (known) as identification or who is personally known to me.

WITNESS my hand and official seal this 14th day of July, 1995.



NOTARY PUBLIC

Print Name: Kathy J. Miller

State of Florida at Large

My Commission Expires:



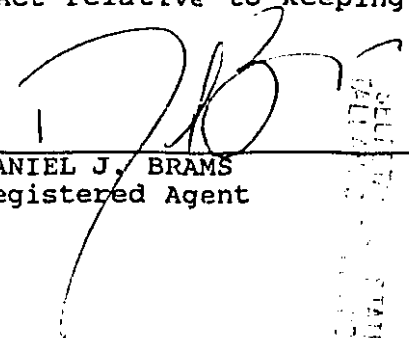
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act.

SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC. is desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, has named Daniel J. Brams, Esquire, at 1645 Palm Beach Lakes Boulevard, Suite 1050, West Palm Beach, Florida 33401, as its agent to accept service of process within this state.

ACKNOWLEDGMENT

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



DANIEL J. BRAMS
Registered Agent

FILED
95 JUL 18 AM 10:12
CLERK OF DISTRICT COURT
NORTH DAKOTA