

1201 HAYS STREET

800-342-8086

P96000004898



PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 803487 80510A

AUTHORIZATION :

COST LIMIT : 0 PPD

ORDER DATE : January 16, 1996

ORDER TIME : 9:16 AM

ORDER NO. : 803487

CUSTOMER NO: 80510A

CUSTOMER: Sam T. Steger, Esq.  
STEGER & STEGER, P.A.

1st Union Nat'l Bank Building  
301 East Ocean Blvd., Ste. 310  
Stuart, FL 34994

9000001589309  
-01/16/96-01012--024  
\*\*\*\*122.50 \*\*\*\*122.50

DOMESTIC FILING

NAME: WELLCARE CHIROPRACTIC CENTER,  
P.A.

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

DIVISION OF CORPORATION

96 JAN 16 AM 10:13

RECEIVED

96 JAN 16 AM 10:58

FILED

STATE OF FLORIDA

1/17/96

FILED

96 JAN 16 AM 10:59

ARTICLES OF INCORPORATION

FOR

WELLCARE CHIROPRACTIC CENTER, P.A.

The undersigned hereby forms a professional corporation pursuant to Chapters 607 and 621 of the Florida Statutes.

ARTICLE ONE

NAME

The name of this corporation shall be WELLCARE CHIROPRACTIC CENTER, P.A.

ARTICLE TWO

DURATION

This corporation shall have perpetual existence.

ARTICLE THREE

PURPOSE

The purpose for which this corporation is organized is to engage in the practice of chiropractic and other health services in the State of Florida.

ARTICLE FOUR

CAPITAL STOCK

This corporation is authorized to offer and issue 1000 shares of \$1.00 par value common stock.

ARTICLE FIVE

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office is: 2882 South Federal Highway, Stuart, Florida 34994. The name of the initial registered agent of this corporation at that address is: Ian A. Grassam, D.C.

ARTICLE SIX

DIRECTORS

This corporation shall have one (1) director constituting its initial board of directors. The number of directors may be either increased or diminished from time to time by the by-laws of the corporation, but shall never be less than one (1). The name and address of the initial member of the board of directors is:

Ian A. Grassam, D.C.      2882 South Federal Highway  
Stuart, Florida 34994

ARTICLE SEVEN

INCORPORATOR

The name and address of the individual signing these Articles of Incorporation as incorporator is:

Ian A. Grassam, D.C.      2882 South Federal Highway  
Stuart, Florida 34994

ARTICLE EIGHT

PRINCIPAL OFFICE

The principal office and mailing address of the corporation is:  
2882 South Federal Highway, Stuart, Florida 34994.

ARTICLE NINE

INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

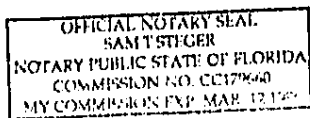
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 15<sup>th</sup> day of January, 1996.

  
IAN A. GRASSAM, D.C.

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing Articles of Incorporation were acknowledged before me this 15<sup>th</sup> day of January, 1996, by IAN A. GRASSAM, D.C., who is personally known to me or who did produce Richard's as identification and who did take an oath.

(NOTARY SEAL)



Samt Steger  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above corporation, WELLCARE CHIROPRACTIC CENTER, P.A., at the place designated in the foregoing Articles of Incorporation, I hereby agree to act in that capacity and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 15<sup>th</sup> day of January, 1996.

Samt Steger  
IAN A. GRASSAM, D.C.

FILED  
96 JAN 16 10:55

P96000004898



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 459428 80510A

AUTHORIZATION :

COST LIMIT : \$ PRE PAID

ORDER DATE : July 11, 1997

ORDER TIME : 12:12 PM

ORDER NO. : 459428-005

CUSTOMER NO: 80510A

CUSTOMER: Sam T. Steger, Esq.  
Steger & Steger, P.a.  
1st Union Nat'l Bank Building  
301 East Ocean Blvd., Ste. 310  
Stuart, FL 34994

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07/11/97--01100--022  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DOMESTIC AMENDMENT FILING

NAME: WELLCARE CHIROPRACTIC  
CENTER, P.A.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

sp

DIVISION OF CORPORATION

97 JUL 11 PM 1:23

97 JUL 11 AM 3:17

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NIC Amend  
7/11/97

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AMENDMENT TO ARTICLES OF INCORPORATION  
97 JUL 11 AM 3:17  
OF

WELLCARE CHIROPRACTIC CENTER, P.A.

Pursuant to Section 607.1006 of the Florida Statutes, all of the shareholders and directors of the above corporation hereby agree as follows:

1. The original name of the corporation is WELLCARE CHIROPRACTIC CENTER, P.A.

2. The corporation was formed pursuant to Articles of Incorporation filed with the Secretary of State on January 16, 1996.

3. The undersigned hereby agree to amend Article One of the articles of incorporation so that such article shall read as follows:


ARTICLE ONE

NAME  
The name of this corporation shall be GRASSAM  
HEALTH CARE, P.A.

4. This amendment was adopted by unanimous consent of all of the shareholders and directors as of the date set forth below.

5. In all other respects, the articles of incorporation as amended shall remain in full force and effect.

Dated this 9<sup>th</sup> day of July, 1997.

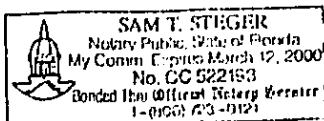
  
IAN A. GRASSAM, D.C.,  
President, Director and  
Shareholder

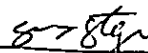
(CORPORATE SEAL)

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 1997, by IAN A. GRASSAM, D.C., President, Director and Shareholder of WELLCARE CHIROPRACTIC CENTER, P.A., a Florida corporation, who is personally known to me or who produced a Florida driver's license as identification and who did take an oath.

(NOTARY SEAL)



  
Printed Name: Sam T. Steger  
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: