

STEVEN R. BALLINGER

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FILED
MAR 3 - 1 PM '96
TALLAHASSEE, FLORIDA

February 22, 1996

SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

Re: CORAL SPRINGS NECK AND BACK CENTER, INC.

Dear Sir or Madam:

000001729820
-03/01/96--01031--019
*****70.00 *****70.00

Enclosed is an original and one copy of the articles of incorporation and a Designation and Acceptance of Registered Agent for a Florida Corporation. A check for \$70 is enclosed.

Please return the original of such Articles upon filing, in the enclosed self addressed, stamped envelope.

Your assistance is appreciated.

Sincerely,


Steven R. Ballinger

cc: Ronald Lewert, D.C.
Enclosures

SRB:bs

**ARTICLES OF INCORPORATION
OF
CORAL SPRINGS NECK AND BACK CENTER, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. CORPORATE NAME

The Name of the corporation shall be:

CORAL SPRINGS NECK AND BACK CENTER, INC.

The address of the principal office of this corporation shall be **9600 Sample Road, Suite 206, Coral Springs, Florida 33065**, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be **412 Southeast 18th Street, Fort Lauderdale, Florida 33316**, and the name of the

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of FS 607.0501, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is **Coral Springs Neck and Back Center, Inc.**
2. The name of the registered agent is **Steven R. Ballinger.**
3. The address of the registered agent is:

**STEVEN R. BALLINGER, ESQ.
412 SOUTHEAST 18TH STREET
FORT LAUDERDALE FL 33316**

ACCEPTANCE

Having been named as register agent and designated to accept service of process for the above corporation, 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 I am familiar with and accept the obligations of my position as registered agent.

Dated: January 22, 1996


STEVEN R. BALLINGER

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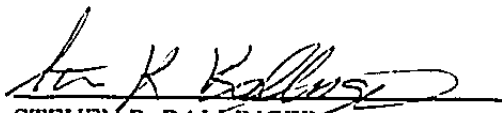
**STEVEN R. BALLINGER, ESQ.
412 SOUTHEAST 18TH STREET
FORT LAUDERDALE FL 33316**

FILED
65 MAR -1 AM 8:37
TALLAHASSEE, FLORIDA

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