

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0071
904-222-0072 FAX

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RECEIVED
MAR - 6 PM 2:28
DIVISION OF CORPORATION

9600020949

ACCOUNT NO. : 07221000000032

REFERENCE : 868827 4376489

AUTHORIZATION :

Patricia Pjyib

COST LIMIT : 4 70.00

ORDER DATE : March 4, 1996

ORDER TIME : 11:10 AM

ORDER NO. : 868827

700001734617

CUSTOMER NO: 4376489

CUSTOMER:

ROBERT P. DORSODY, I SO.

250 Park Avenue

New York, NY 10177

DOMESTIC FILING

NAME: COASTLAND SPINE CENTER, INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

T. BROWN MAR - 7 1996

FILED
96 MAR - 6 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
COASTLAND SPINE CENTER, INC.

FILED
96 MAR -6 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being an individual, does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit, pursuant to the provisions of the Florida Business Corporation Act.

FIRST: The corporate name for the corporation (hereinafter called the "corporation") is Coastland Spine Center, Inc.

SECOND: The street address, wherever located, of the principal office of the corporation is 2224 North Tamiami Trail, The Oaks Plaza, Naples, Florida 33940.

THIRD: The number of shares that the corporation is authorized to issue is 1000, all of which are without par value and are of the same class and are Common shares.

FOURTH: The street address of the initial registered office of the corporation in the State of Florida is 2228 North Tamiami Trail, The Oaks Plaza, Naples, Florida 33940.

The name of the initial registered agent of the corporation at the said registered office is Dr. Maryella Gram.

The written acceptance of the said initial registered agent, as required by the provisions of Section 607.0501(3) of the Florida Business Corporation Act, is set forth following the signature of the incorporator and is made a part of these Articles of Incorporation.

FIFTH: The name and the address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
Dr. Maryella Gram	2224 North Tamiami Trail, The Oaks Plaza Naples, Florida 33940

SIXTH: The purposes for which the corporation is organized, which shall include the authority of the corporation to engage in any lawful business for which corporations may be

organized under the Florida Business Corporation Act, are as follows:

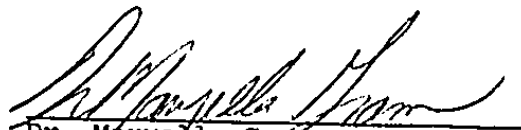
To provide professional services; and

To have all of the general powers granted to corporations organized under the Florida Business Corporation Act, whether granted by specific statutory authority or by construction of law.

SEVENTH: The duration of the corporation shall be perpetual.

EIGHTH: The corporation shall, to the fullest extent permitted by the provisions of the Florida Business Corporation Act, as the same may be amended and supplemented, indemnify any and all persons whom it shall have power to indemnify under said provisions from and against any and all of the expenses, liabilities, or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, vote of shareholders or disinterested directors, or otherwise, both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of the heirs, executors, and administrators of such a person.

Signed on February 23, 1996


Dr. Maryella Gram
Incorporator

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in these Articles of Incorporation, 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.

COASTLAND SPINE CENTER, INC.


Dr. Maryella Gram

Date: 2/23/96

GRAM
CHIROPRACTIC &
ACUPUNCTURE CLINIC

DR. MARYELLA GRAM
Chiropractic Physician

DR. JIMMY (D.M.A.)
Chiropractic

P9600020949

July 3, 1996

Florida Department of State
Sandra B. Northam
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Address Correction
Name of Entity: Coastland Spine Center, Inc.
P9600020949

To Whom it May Concern:

Please be advised that the correct address for Coastland Spine Center, Inc. is as follows:

Coastland Spine Center, Inc.
2224 North Tamiami Trail
Naples, Florida 34103

Very truly yours,

Maryella Gram

Dr. Maryella Gram
Chiropractic Physician

Julian Richter
18780 N.E. 18 Avenue
Apartment #122
N. Miami Beach, FL 33179

305-354-7090

P96000021688

June 17, 1996

Division of Corporation
Tallahassee, FL.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUL -8 AM 9:35

FILED

Dear Sir,

SH 7/0

As per our conversation today,
I am enclosing the resignation
of my partner, and a check for
\$35.00. In return please take

The Name of Arthur Carl Haspel
off of Lock-Out, Inc. and
Change the Address of Corp.

000001890630
-07/11/96--01022--011
*****87.50 *****87.50

Old Address - Lock-Out, Inc.
1105 E. Hallandale
Beach Blvd
Hallandale, Fl. 33009

DIVISION OF CORPORATIONS

96 JUN 20 PM 4:27

RECEIVED

New address - Lock-Out, Inc.
Att. Julian Richter
18780 N.E. 18 Ave.
Suite 122
Miami, Fl. 33179

Respectfully yours,
Julian Richter



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 25, 1996

Julian Richter
18780 N.E. 18th Ave.
Suite 122
Miami, FL 33179

SUBJECT: LOCK-OUT, INC.
Ref. Number: P96000021688

We have received your document for LOCK-OUT, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Our records show Arthur Haspel listed as Director and Registered Agent. I have enclosed an officer/director resignation form and registered agent resignation form for your convenience. The filing fee for the officer/director resignation is \$35 and the filing fee for the registered agent resignation is \$87.50.

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) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 396A00031365

7/3/96

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Arthur Carl Hassel
(Name of registered agent)

hereby resigns as Registered Agent for Wichita One
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Arthur Carl Hassel
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
96 JUL -8 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314