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PHENECHALL
HOLE RESIDENCE ACCOUNT NO. 1

072100000032

REFERENCE :

954283

157550A

AUTHORIZATION :

COST LIMIT :

\$ 70.00

ORDER DATE : May 15, 1996

ORDER TIME : 10:28 AM

ORDER NO. : 954283

CUSTOMER NO:

157550A

100001828221

PH 4: 05

ELORIDAVISION OF CORPORATION

CUSTOMER:

Ms. Rita D. Taylor

CASS GRAHAM & FISHER, P.A.

Suite 375

324 S. Hyde Park Avenue

Tampa, FL 33606

DOMESTIC FILING

NAME:

SOUTHGATE CHIROPRACTIC-MEDICAL CENTER, INC.

EFFECTIVE DATE:

_ ARTICLES OF INCORPORATION

_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS:

PH 12: 17

ARTICLES OF INCORPORATION

OF

FILED

96 MAY 15 PM 4: 05

TALLAH (SEEE, FLORIDA

SOUTHGATE CHIROPRACTIC • MEDICAL CENTER, INC

ARTICLE 1 - NAME

The name of this corporation is SOUTHGATE CHIROPRACTIC • MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal place of business of the corporation is 6115 State Road 54, Suite 100, New Port Richey, Florida 34653. The mailing address of the corporation is 6115 State Road 54, Suite 100, New Port Richey, Florida 34653.

ARTICLE III - AUTHORIZED SHARES

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having no par value.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the corporation is 324 South Hyde Park Avenue, Suite 375, Tampa, Florida 33606 and the initial registered agent of this corporation at that address is John H. Fisher, II.

ARTICLE V - INCORPORATOR

The name and address of the incorporator is as follows:

Name

Address

John H. Fisher, II

324 South Hyde Park Avenue Suite 375 Tampa, Florida 33606

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

The name and street address of the sole member of this corporation's initial Board of Directors is as follows:

Michael H. Beilan, D.O. 6115 State Road 54, Suite 100 New Port Richey, Florida 34653

IN WITNESS WHEREOF, the undersigned does hereby execute this instrument this day of May, 1996.

JOHN H. FISHER, II

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

96 MAY 15 PH 4: 05

Pursuant to the provisions of Section 607.0501, Florida Statons Athe undersigned corporation, organized under the laws of the State of Florida, submits the following state in designating the registered agent, in the State of Florida.

- 1. The name of the corporation is SOUTHGATE CHIROPRACTIC MEDICAL CENTER, INC.
 - 2. The name and address of the registered agent and office is:

JOHN H. FISHER, II 324 South Hyde Park Avenue Suite 375 Tampa, Florida 33606

JOHN H. FISHER, II

Title: /Incorporator

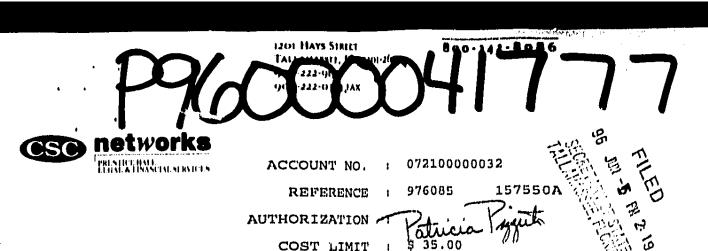
Dated this 14th day of May, 1996.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO CCMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF ITS DUTIES, AND ACCEPTS THE DUTIES AND OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT INCLUDING THOSE CONTAINED IN SECTION 607.0505, FLORIDA STATUTES.

By:_\

Dated this day of May, 1996.

WUN U EIGUED



ORDER DATE : June 4, 1996

ORDER TIME : 4:18 PM

ORDER NO. : 976085

CUSTOMER NO: 157550A

CUSTOMER: Ms. Rita D. Taylor

Cass Graham & Fisher, P.a.

Suite 375

324 S. Hyde Park Avenue

Tampa, FL 33606

Marie

6000001951566

DOMESTIC AMENDMENT FILING

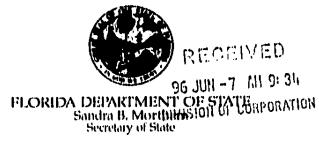
NAME:

SOUTHGATE CHIROPRACTIC - MEDICAL CENTER, INC.

ARTICLES OF AMENDMENT GO RESTATED ARTICLES OF INCORPORATION LAND THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFIED COPY CERTIFIED COPY W.P. Verliyer	DIVISION OF CORPORATION	56 JUN -5 AM 8: 53	RECEIVED
CONTACT PERSON: Jennifer Moran			

#02250,00721,00672

EXAMINER'S INITIALS:



June 6, 1996

CSC Networks 1201 Hays Street Tallahassee, FL 32301-2607

SUBJECT: SOUTHGATE CHIROPRACTIC MEDICAL CENTER, INC. Ref. Number: P96000041777

We have received your document for SOUTHGATE CHIROPRACTIC MEDICAL CENTER, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan Corporate Specialist

Letter Number: 796A00028381

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF SOUTHGATE CHIROPRACTIC MEDICAL CENTER, INC.

FILED

96 JUN -5 PH 2: 20

SECRETARIAS NO. 15 FLOWING

Pursuant to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: Amendment adopted to change name and address:

ARTICLE 1

The name of the Corporation shall be:

PHYSICIANS INJURY & WELLNESS CENTER, INC.

The principal place of business of this Corporation shall be 5211 U.S. Highway 19 North, New Port Richey, Florida 34652

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Not applicable

THIRD: The date of each amendment's adoption: May 20, 1996.

FOURTH: Adoption of Amendment(s) (check one)

X. The amendment was adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.

The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

The amendment was approved by the shareholders through voting groups.

Signed this 3rd day of June, 1996.

PHYSICIANS INJURY & WELLNESS CENTER INC.

John H. Fisher, II, Incorporator