

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 _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 ME _____ CK No. _____

10/29 12.00
 Pick Up 10/29

RE: Morrison Chiropractic
P.A.

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
2000 OCT 29 10:49 AM		
<input type="checkbox"/> Art. of Amend. File	-10/29/96	01026-031
<input type="checkbox"/> Dissolution/Withdrawal	****122.50	****122.50
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Maintenance		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> 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

ARTICLES OF INCORPORATION
OF
MORRISON CHIROPRACTIC, P.A.

FILED
96 OCT 29 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the provisions of Chapter 621 of the Florida Statutes, hereinafter referred to as the Corporation, hereby agrees to the following:

ARTICLE I - NAME

The name of the Corporation shall be MORRISON CHIROPRACTIC, P.A. The mailing address of the Corporation shall be, 4216 Cortez Road, Bradenton, Florida 34210.

ARTICLE II - PURPOSE AND POWERS

Section 1. The Corporation is formed for the purpose of engaging in the practice of chiropractics and activities related thereto.

Section 2. The Corporation may exercise all powers, rights and privileges conferred on professional service corporations pursuant to the laws of the State of Florida.

ARTICLE III - TERM OF EXISTENCE

The corporation shall have perpetual existence.

ARTICLE IV - CAPITAL STOCK

The authorized capital stock of the Corporation shall be one thousand (1,000) shares of common stock having \$1.00 par value.

ARTICLE V - BOARD OF DIRECTORS

Section 1. The business and affairs of the Corporation shall be managed by a Board of Directors, the members of which shall be hereinafter referred to as Directors.

Section 2. The initial Board of Directors of the Corporation shall consist of one (1) Director, whose name and address is as follows:

NAME	ADDRESS
JEFFREY W. MORRISON, DC	4216 Cortez Road West Bradenton, Florida 34210

Section 3. The number of Directors shall be as provided in the Bylaws of the Corporation, but shall not be less than one (1).

Section 4. Directors shall be elected and hold office as provided in the Bylaws.

ARTICLE VI - BYLAWS

Section 1. The Board of Directors shall adopt Bylaws for the Corporation at a meeting of the Board of Directors following the filing of these Articles of Incorporation.

Section 2. The power to adopt, alter, amend or repeal the Bylaws of the Corporation may be exercised by the Board of

Directors or the Shareholders in accordance with the provisions of the Bylaws.

Section 3. Any Bylaws adopted by the Board of Directors or the Shareholders may be altered, amended or repealed by the other group; provided, however, that any Bylaws adopted by the Shareholders may provide that it shall be altered, amended, or repealed only by the Shareholders.

ARTICLE VII - AMENDMENTS

These Articles of Incorporation may be amended as set forth in the Florida Statutes, as amended from time to time.

ARTICLE VIII - REGISTERED OFFICE AND AGENT

Section 1. The street address of the initial registered office of the Corporation shall be 4216 Cortez Road, West, Bradenton, Florida 34210.

Section 2. The name of the initial registered agent of the Corporation located at said address shall be JEFFREY W. MORRISON, DC.

ARTICLE IX - INCORPORATOR

The name and address of the incorporator is:

NAME	ADDRESS
JEFFREY W. MORRISON, DC	4216 Cortez Road West Bradenton, Florida 34210

IN WITNESS WHEREOF, for the purpose of forming a corporation under the laws of the State of Florida, the undersigned executed these Articles of Incorporation on this 28 day of October, 1996.

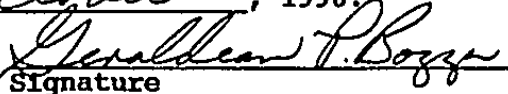

JEFFREY W. MORRISON, DC

STATE OF FLORIDA
COUNTY OF MANATEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared JEFFREY W. MORRISON, DC, to me known to be the person described in and who executed the foregoing Articles of Incorporation and that she acknowledged before me that she executed the same. I relied upon the following form of identification of the above named person:

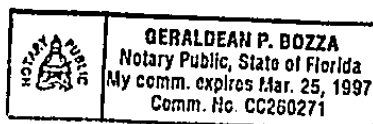
X who is personally known to me,
_____ who produced _____ as
identification.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day of October, 1996.


Signature

Printed Name
Notary Public-State of Florida
Commission No. _____

My Commission Expires:



ACCEPTANCE

I heroby accept to act as initial Registered Agent for
MORRISON CHIROPRACTIC, P.A., as stated in those Articles of
Incorporation.


JEFFERY W. MORRISON, DC

CORP\ARTICLES.PA

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96 OCT 29 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA