

The Law Office of
William A. Johnson, P.A.
Attorney-at-Law
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP -5 AM 11:42

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August 29, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please file the enclosed articles of incorporation. The filing fee of \$122.50 is included. After filing, please return the articles to this office.

Thank you for your cooperation.

Sincerely,



William A. Johnson

enclosures

LP
9-8-97

ARTICLES OF INCORPORATION

OF

HEALING HANDS PAIN RELIEF CENTER, INC.

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The undersigned subscribers to these articles of incorporation adopt these articles to form a corporation under the Florida Business Corporation Act, F.S. Chapter 607, and other laws of the State of Florida.

ARTICLE I

Name

The name of the corporation is **Healing Hands Pain Relief Center, Inc.**

ARTICLE II

Principal Office

The initial principal office and mailing address of this corporation are

1370 Sarno Rd., Suite C
Melbourne, FL 32935

ARTICLE III

Purpose

The corporation may engage in any activity or business permitted under the laws of the United States and this state.

ARTICLE IV

Terms of Existence

The corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

ARTICLE V

Capital Stock

The capital stock of the corporation shall be 1,000 shares of common stock having a par value of \$0.01 per share. Each share of common stock shall have one (1) vote.

ARTICLE VI
Registered Office and Agent

The name and address of the initial registered office of this corporation is:

William A. Johnson
6767 N. Wickham Road, Suite 400F
Melbourne, Florida 32940

ARTICLE VII
Board of Directors

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of one member. The name and address of the member of the first board of directors is:

Linda S. Vickery

3001 Ontario Circle, East
Melbourne, FL 32935

ARTICLE VIII
Officers

The name and address of the initial officer of the corporation, who will hold office until his successor is duly elected and qualified is:

Linda S. Vickery

President, Secretary
Treasurer

3001 Ontario Circle, East
Melbourne, FL 32935

ARTICLE IX
Subscribers

The name and address of the person signing these articles of incorporation as a subscriber is:

Linda S. Vickery

3001 Ontario Circle, East
Melbourne, FL 32935

ARTICLE X
Amendment

The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber executed these articles of incorporation on August 22, 1997.

Linda S. Vickery
Linda S. Vickery

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing articles of incorporation were acknowledged before me on August 27, 1997 by Linda S. Vickery.

Sharon M. Flango
Notary Public
My Commission Expires:
(Seal)



Sharon M. Flango
MY COMMISSION # 00594508 EXPIRES
January 6, 2001
BONDED THRU TROY FARM INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ACCEPTANCE OF DESIGNATION AS RESIDENT AGENT

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

William H. Johnson
RESIDENT AGENT

STATE OF FLORIDA)
) ss
COUNTY OF BREVARD)

BEFORE ME, a Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared William H. Johnson, known to me personally and to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the above acceptance of designation as resident agent.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 3 day of September, 1997.

Shaaron M. Fiengo
SIGNATURE OF NOTARY PUBLIC

Shaaron M. Fiengo
Typed Name of Notary
Address: 6767 N. Williams Rd #400
Melbourne, FL 32940

My commission expires:



Shaaron M. Fiengo
MY COMMISSION # CC384808 EXPIRES
January 8, 2001
BONDED THRU TROY FARM INSURANCE, INC.