D 0 Requestor's Name N 0 Address Ν City ZIP **CORPORATION(S) NAME** Dire Toll Free: 1-800-432-3028 **Profit** NonProfit) Amendment () Merger) Foreign) Dissolution () Mark) Limited Partnership) Annual Report () Other) Reinstatement) Reservation) Change of Registered Agent **Certified Copy**) Photo Copies () Certificate Under Seal Call When Ready) Call If Problem () After 4:30 () Will Wait) Pick Up Walk in) Mail Out Name Availability Document Examiner Updater Verifier Acknowledgment

CR2E031 (R8-85)

W.P. Verifier

K. Rolfe FEB 1 3 1998

ARTICLES OF INCORPORATION

of

Chiropractic	Centers for	Holistic Care	INC.
•		· · · · · · · · · · · · · · · · · ·	<i>(</i>

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME
The name of the corporation is: Chiropractic Centers for Holistic Care, INC.
ARTICLE II - DURATION ARTICLE III - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
The corporation is authorized to issueshares () of
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:
NAME Dr. L. Stephen Grand ADDRESS 10031 Pines Boulevard - Swite 105 CITY Pembroke Pines FLORIDA ZIP 33024 The principal office, if known, or the mailing address of the corporation is:
NAME Chiropractic Centers for Holistic Care, INC. ADDRESS 10031 Pines Boulevard- Suite 105
CITY Pembroke Pines FLORIDA ZIP 33024

NAME Dr. L. Stephe	in Grand	***
ina al Dian	s Boulevard - Suite 105	
() () () () () () () () () () () () () (ZIP 33024
1 000 001		219 55027
NAME LENNY Rade ADDRESS P.O. BOX 28		
city Alachua	STATE FL	ZIP 32615
NAME	. SIMIE 1 -	ZIF > 261 S
ADDRESS		
CITY	STATE	ZIP
D-1 Clark	ARTICLE VI I - INCORPORATORS reporators signing these Articles of Incorporation are as f	ollows:
The names and addresses of the incor	porators signing these Articles of Incorporation are as f	follows:
NAME Dr. L. Stephy ADDRESS 10031 PINES	eporators signing these Articles of Incorporation are as for and Bovlevard - Suite 105	
NAME Dr. L. Steph	eporators signing these Articles of Incorporation are as for and Bovlevard - Suite 105	ollows: ZIP 33024
NAME Dr. L. Stephy ADDRESS 10031 PINES	eporators signing these Articles of Incorporation are as for and Bovlevard - Suite 105	
NAME Dr. L. Stephe ADDRESS 10031 PINES CITY PEMBOOKE PINE NAME	eporators signing these Articles of Incorporation are as for and Bovlevard - Suite 105	
NAME Dr. L. Stephe ADDRESS LODZI PINES CITY PEMBYOKE PINE NAME ADDRESS	eporators signing these Articles of Incorporation are as for and Bovlevard - Suite 105	
NAME Dr. L. Stephe ADDRESS 10031 PINES CITY PEMBOOKE PINE	en Grand Bovlevard - Suite 105 STATE FL	zip 33 <u>024</u>
NAME Dr. L. Stephy ADDRESS LODZI PINES CITY PEMDYOKE PINE NAME ADDRESS	en Grand Bovlevard - Suite 105 STATE FL	zip 33 <u>024</u>

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

FILED
98 FEB | 3 AM | 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chiropraetic Centers for Holistic Care, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 10031 Pines Boulevard, Suite 105, Pembroke
Pines, Florida, 33024

has named Dr. L. Stephen Grand

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)