

P9800004058/

DATE 4-30-98

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

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****122.50 ****122.50

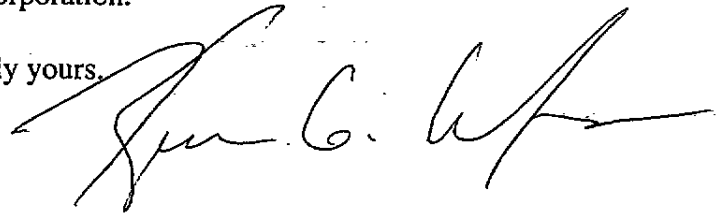
Re: Wynne Chiropractic, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



Kevin Co. Wynne
(Individual's Name)

Wynne Chiropractic Inc
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

365 Weymont Court		
Baytree Center, Suite 101, Lake Mary		
PHONE		32746
(407) 321-9191		
Area Code	Number	Ext.

APPROVED
AND
FILED
98 MAY -4 PM 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. BROCK MAY 5 1998

ARTICLES OF INCORPORATION

of

Wynne Chiropractic Inc.
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Wynne chiropractic Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

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.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ -.10 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS <u>365 Waymont Court</u>		
<u>Baytree Center, Suite 101</u>		
CITY <u>LAKE MARY</u>	FLORIDA	ZIP <u>32746</u>

Mailing address, if different

STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME <u>Kevin G. Wynne</u>		
ADDRESS <u>365 Waymont Court, Baytree Center, Suite 101</u>		
CITY <u>LAKE MARY</u>	FLORIDA	ZIP <u>32746</u>

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Kevin G. Wynne		
ADDRESS	365 Waymont court, Baytree center, Suite 101		
CITY	LAKE Mary	STATE	FL ZIP 32746
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Kevin G. Wynne		
ADDRESS	365 Waymont court, Baytree Center, Suite 101		
CITY	LAKE Mary	STATE	FL ZIP 32746
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this April day of 30, 1998.

Kevin G. Wynne (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Wynne Chiropractic Inc.
(name of corporation)

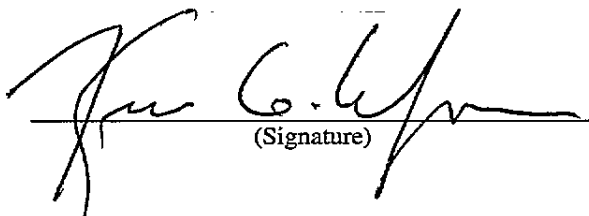
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

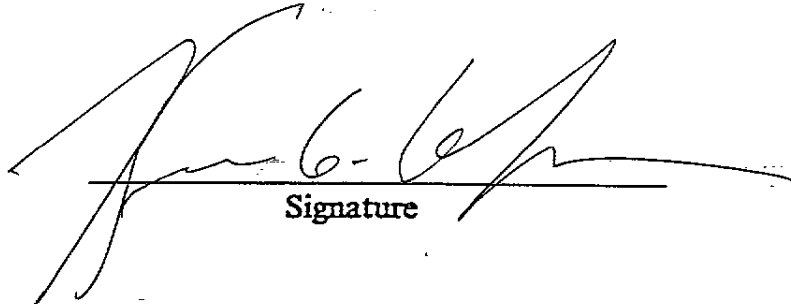
at 365 Weymont court
Baytree center, suite 101, LAKE Mary, FL, 32746.
has named Kevin G. Wynne

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.



(Signature)

4-30-98
(Date)


Signature

STATE OF FLORIDA
COUNTY OF ORANGE

Subscribed and sworn to (or affirmed) before me this 30TH day of APRIL 1998 by
KEVIN. G. WYNNE, who is personally known to me or has
produced D/L W 500.507.68.442. D as identification.


* VIVienne L. JACKSON
Notary Public - State of Florida



Vivienne L. Jackson
MY COMMISSION # GC529909 EXPIRES
May 16, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

Commission #: _____

APPROVED
AND
FILED
98 MAY -4 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA