### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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#### ARTICLES OF INCORPORATION

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#### **OF**

# ERICKSON FAMILY HEALTH & WELLNESS CHIROPRACTIC CENTER, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is ERICKSON FAMILY HEALTH & WELLNESS CHIROPRACTIC CENTER, P.A.

The specific nature of business is to provide chiropractic services.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 450 NE 20th Street, Suite 114, Boca Raton, FL 33431.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gregory S. Gefen, P.A., 4800 N Federal Highway, # 201-B, Boca Raton, FL 33431.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

Brock Erickson, President/Director 450 NE 20th Street, Suite 114, Boca Raton, FL 33431.

The undersigned has executed these Articles of Incorporation this 31st day of August, 1998.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Stong,

CAPITAL CONNECTION

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

CHIROPRACTIC CENTER,	P.A.	MILY-HEALTH & WELLINESS
	the world	ared agent and office
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HAVE 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.

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