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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CHIROPRACTIC SERVICES AND REHAB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03(4
Estimated Charge	\$78.75

TA-10/9/98

ARTICLES OF INCORPORATION OF

CHIROPRACTIC SERVICES AND REHAB. INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be: CHIROPRATIC SERVICES AND REHAB. INC.

The principal place of business of this corporation shall be:

2001 N.W. 7th St., Suite 104 Miami, Fl 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 Shares \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Beatrice Carbajal

2001 N.W. 7th St., Suite 104 Miami, Fl 33125

Prepared by: Michael I. Santucci, Esq. 5201 N.W. 74 th Ave Miami, Fl 33166 1-800-714-6191 Bar# 0105260



ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Beatrice Carbajal

2001 N.W. 7th Street, Suite 104 Miami, Fl 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th day of October , 1998

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325. Florida Statutes, the undersigned 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.

1. The name of the corporation:	
CHIROPRACTIC SERVICES AND REHAB. INC.	
2. The name and address of the registered agent and	d office is:
Beatrice Carbajal	
(P.O. BOX NOT ACCEPTABLE)	
2001 N.W. 7th St., Suite 104 Miami, F1 33125	
(CITY/STATE/ZIP)	SSEE FLOR ST
SIGNATURE SCALE	STATE 8: 56
TITLE Director	
DATE 10/08/98	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE CELLIFORMIC.

DATE 10/08/98