

P98000087353

September 28, 1998

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
Phone 850-487-6052

Subject: Atlantic Neurodiagnostics

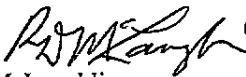
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-10/12/98--01103--002  
\*\*\*\*\*122.50 \*\*\*\*\*78.75

To Whom It May Concern:

Enclosed is an original and one (1) copy of the articles of incorporation for the above captioned corporation, and a check in the amount of \$122.50.

Please return to 1395 N. Military Trail, West Palm Beach, FL 33409.

Thank you,



Robert D. McLaughlin

FOUNDATION CHIROPRACTIC CLINIC  
SWINK'S SUNSET CENTER  
1367 NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33409

861-684-0333

FILED  
98 OCT 12 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

Atlantic <sup>OF</sup> Neurodiagnostics, Inc.

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

**ARTICLE I NAME**

The name of the corporation shall be:

Atlantic Neurodiagnostics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1395 N. Military Trail  
West Palm Beach, FL 33409

**ARTICLE III SHARES**

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

60

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Robert D. McLaughlin  
2101 Marina Isle Way #502  
Jupiter, FL 33477

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert D. McLaughlin  
1395 N. Military Trail  
West Palm Beach, FL 33409

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12<sup>th</sup> day of September, 19 98.

*[Signature]*  
signature

**Signature**

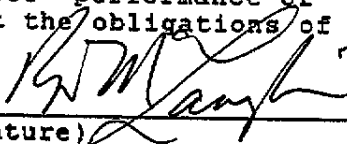
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 is: Atlantic Neurodiagnostics, Inc.
2. The name and address of the registered agent and office is:

Robert D. McLaughlin  
(Name)  
2101 Marina Isle Way #502  
(Address/P.O. Box NOT acceptable)  
Jupiter FL 33477  
(City/State/Zip)

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)

9-1-98  
(Date)

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TALLAHASSEE, FLORIDA