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Division of Corporations

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To:

**Division of Corporations
Fax Number : (850) 922-4001**

From:

**Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**

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FLORIDA PROFIT CORPORATION OR P.A.

WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF

WHOLE HEALTH CHIROPRACTIC & WELLNESS 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.

ARTICLE I NAME

The name of the corporation shall be:

WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

The principal place of business of this corporation shall be: 654 N. University Dr., Pembroke Pines, Fl 33024

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: 1,000 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):

PRESIDENT/TREASURER:
Olivio O. Blanco, Jr.
11041 SW 59 Terr.
Miami, Fl 33173

VICE-PRESIDENT/SECRETARY:
Carl R. Mosso
654 N. University Dr.
Pembroke Pines, Fl 33024

Prepared by: Michael I. Santucci, Esq.
FBN 0105260
5201 NW 72 Ave.
Miami, Fl 33166
1-800-714-6191

ARTICLE VI INCORPORATOR(S)

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

Olivio O. Blanco, Jr.
11041 SW 59 Terr.
Miami, Fl 33173

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 10th. day of November 1998

Signature(s) of Incorporator(s)

A handwritten signature in dark ink, appearing to read "Olivio O. Blanco, Jr.", is written over a horizontal line.

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:

WHOLE HEALTH CHIROPRACTIC & WELLNESS INC.

2. The name and address of the registered agent and office is:

Olivio O. Blanco, Jr. 11041 SW 59 Terr.

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33173

(CITY/STATE/ZIP)

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SIGNATURE 

TITLE PRESIDENT

DATE 11/10/98

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 

DATE 11/10/98