P990000031138

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

100002826581--6 -04/01/99--01073--002 *******7 50 ******97 50

			*****87.50	*****87.5
SUBJECT: S	Pine Ro Ang ASSOCIA	4HS <u>INC.</u> rate name - must include suff	îix)	i to.
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	1
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	ALISA Kline Name (Pi	rinted or typed)		
	955 FALLING WAL	LeR Address		
	Westen FL 333° City,	Z 6 State & Zip	99 AF N -	mylsion and
	(954) 384-8554 Daytime Te	elephone number		TARY OF CORF

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION OF

Spine Pro and Associates, Inc.

THE STAIL ST

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:

Spine Pro and Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

955 Falling Water Weston, FL 33326 (954) 384-8554

ARTICLE III CAPITAL STOCK

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

One thousand shares (1000) at One Dollar (\$1.00) par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Alisa Kline 955 Falling Water Weston, FL 33326

ARTICLE V INCORPORATOR(S)

PRESIDENT/ DIRECTOR Alisa Kline 955 Falling Water Weston, FL 33326 JEANNETARY OF STAIL
JEANN OF CORPORATIONS

99 APR - I AM 8: 30

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

day of MARCH 1999.

Signature/Incorporator 1999.

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/Registered Agent

date