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Michael A. Faas, D.C., D.A.B.C.O., F.C.C.O.

Diplomate, American Board of Chiropractic Orthopedists
Fellow, Florida College of Chiropractic Orthopedists

FILED

Personalized Programs for Pain and Injury Rehabilitation
Chiropractic • Exercise Therapy • Massage Therapy

98 FEB -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 1997

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

RE: FAAS CHIROPRACTIC CENTER, INC.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very Truly Yours,

Michael A. Faas, D.C., D.A.B.C.O.
Faas Chiropractic Center, Inc.

P. Hall FEB - 6 1998

ARTICLES OF INCORPORATION

of

FAAS CHIROPRACTIC CENTER, INC.

(name of corporation)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

FAAS CHIROPRACTIC CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	FLORIDA	ZIP 32606

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	A. CORRIE FRANCKEWITZ		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	FLORIDA	ZIP 32606

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:



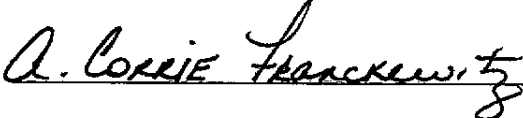
NAME	MICHAEL A. FAAS, D.C.,D.A.B.C.O.		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606
NAME	CAROL B. FAAS		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606
NAME	A. CORRIE FRANCKEWITZ		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MICHAEL A. FAAS, D.C.,D.A.B.C.O.		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606
NAME	CAROL B. FAAS		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606
NAME	A. CORRIE FRANCKEWITZ		
ADDRESS	4400 NW 23rd AVENUE, SUITE D		
CITY	GAINESVILLE	STATE	FLORIDA ZIP 32606

The undersigned incorporator(s) have executed these Articles of Incorporation this 16th day of DECEMBER, 19 97.

 (Signature)
 (Signature)
 (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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98 FEB -6 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAAS CHIROPRACTIC CENTER, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 4400 NW 23rd AVENUE, SUITE D

GAINESVILLE, FLORIDA 32606

has named A. CORRIE FRANCKEWITZ

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

A. Corrie Franckewitz
(Signature)

December 16, 1997
(Date)