Filing and License Fee: \$230.00 minimum

1D Number: 162914



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

**FILED** 

APR 04 2007

PROFESSIONAL SERVICE CORPORATION

11-22061

# **ARTICLES OF INCORPORATION**

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1.	The name of the corporation is Balance Chiropractic & Wellness Center, P.C.								
	(This is a close corporation pursuan	t to § 7-1.2-1701 of	the General Laws,	1956, as amended.) (Strike if inapplicable.)					
2.	The profession to be practiced through the professional service corporation is rendering chiropractic services.								
3.	The total number of shares which the corporation has authority to issue is:								
	(a) If only one class: Total number of shares 100,000 Common (\$0.01 Par Value)				Par Value)				
	<u>or</u>								
	A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:								
4.	The address of the initial registered office of the corporation is			72 Pine Street					
				(Street Address, not P.O. Box)					
	Providence (City/Town)	, RI	<b>02903</b> (Zip Code)	and the name of its initial registered agent					
		y R. Kates ne of Agent)		·					

- 5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.
- 6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

7.	Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:  See Exhibit A attached hereto and incorporated herein by reference.					
	<del></del>					
	. , , ,					
8.	The name and address of each incorporator is:					
	<u>Name</u>	<u>Address</u>				
	Henry R. Kates	72 Pine Street, Providence, RI 02903				
9.	These Articles of Incorporation shall be eff	ective upon filing unless a specified date is provided which shall be no later upon filing.				
	man the 90 day after the date of this illing	upon ming.				
		Under penalty of perjury, I/we declare and affirm that I/we have				
		examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained				
		herein are true and correct.				
Da	te: April 4, 2007	-//30 (M)				
		Signature of each Incorporator				

# Articles of Incorporation Balance Chiropractic & Wellness Center, P.C.

### **EXHIBIT A**

- 7. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:
- 1. No director of the Corporation shall be personally liable to the Corporation or to the shareholders of the Corporation for monetary damages for breach of such director's duty as a director; provided that the liability of a director shall not be limited or eliminated for:
  - (i) Any breach of the director's duty of loyalty to the Corporation or its shareholders;
  - (ii) Acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law;
  - (iii) Liability imposed pursuant to the provisions of R.I. Gen. Laws Section 7-1.2-811; or
  - (iv) Any transaction from which the director derived an improper personal benefit (unless the transaction is permitted by R.I. Gen. Laws Section 7-1.2-807).
- 2. Directors and officers of the Corporation shall be entitled to indemnification from the Corporation to the fullest extent permissible under the Rhode Island Business Corporation Act, as the same may be amended from time to time. For purposes of Paragraphs 1 above or this Paragraph 2, the term "director" shall be defined to include any individual or individuals undertaking to exercise responsibility for managerial acts on behalf of the Corporation authorized under R.I. Gen Laws Section 7-1.2-1701(a).
- 3. The Corporation shall not be required to hold an annual meeting of shareholders unless one or more shareholders delivers written notice to the Corporation requesting a meeting at least thirty (30) days before the meeting date stated or fixed in accordance with the By-Laws of the Corporation.
- 4. Except for actions pursuant to R.I. Gen. Laws Sections 7-1.2-1002 or 7-1.2-1102, any action required or permitted to be taken at a meeting of shareholders under the Rhode Island Business Corporation Act, the Articles of Incorporation or By-laws of the Corporation may be taken without a meeting upon the written consent of less than all the shareholders entitled to vote on the action if shareholders who consent would be entitled to cast at least the minimum number of votes that would be required to take the action at a

# Articles of Incorporation Balance Chiropractic & Wellness Center, P.C.

(Continuation of Exhibit A)

meeting at which all shareholders entitled to vote on the action are present and voting in person and by proxy.

- 5. The shareholders of the corporation shall not be entitled to a preemptive right to subscribe for, purchase or otherwise acquire in the proportions which their holdings of the shares of the common stock of the corporation bear to the outstanding common stock, or otherwise, any shares of the same class of the corporation, any equity and/or voting shares of any class of the corporation which the corporation proposes to issue or any rights or options which the corporation proposes to grant for the purchase of shares of the same class of the corporation or of equity and/or voting shares of any class of the corporation or for the purchase of any shares, bonds, securities or obligations of the corporation which are convertible into, or exchangeable for, or which carry any rights to subscribe for, purchase or otherwise acquire shares of the same class of the corporation or equity and/or voting shares of any class of the corporation.
- 6. Application has been made to obtain insurance against any liability imposed by law upon the corporation or its employees arising out of the performance of professional services.



## NCMIC INSURANCE COMPANY PO BOX 9118 DES MOINES. IA 50306-9118

# CERTIFICATE OF INSURANCE (Chiropractic Malpractice - Claims Made and Reported)

Certificate Issued on: 04/02/2007

Policy #:

CM00104900

**Policy Period:** 

From 03/28/2007 to 03/28/2008 12:01am

Local Time at the address of the Insured

Insured:

Aaron L Salinger DC

630 Smithfield RD

North Providence RI 02904

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

#### Coverages:

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of the policy.

				Liability Limits
Type of Insurance	Policy #	Effective Date	End Date	Per Person/Aggregate
Professional Liability	CM00104900	03/28/2007	03/28/2008	500,000/1,000,000

### Description:

This policy covers the policyholder in the practice of chiropractic including physiological therapeutics, supplemental nutrition and the use of any modality which is permitted by law in any state where the policyholder is licensed and practices.

Authorized Representative

### Cancellation:

Should the above described policy be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Certificate Holder:

AARON L SALINGER DC ATTN DR SALINGER APT 1017 630 SMITHFIELD RD NORTH PROVIDENCE RI 02404 MSCHMITT Client