

Filing Fee: \$150.00

ID Number: 120153



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

## BUSINESS CORPORATION

### ARTICLES OF INCORPORATION

(To Be Filed In Duplicate Original)

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is BACK TO HEALTH CHIROPRACTIC OF WAKEFIELD, INC.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The period of its duration is (if perpetual, so state) Perpetual

3. The specific purpose or purposes for which the corporation is organized are:

Chiropractic/Medical Services

4. The aggregate number of shares which the corporation shall have authority to issue is:

(a) If only one class: Total number of shares 100 (If the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.):

\$100

(b) If more than one class: Total number of shares or (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws, 1956, as amended, in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.):

5. Provisions, if any, dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

NONE

10. MAY 26 6 6 AM

FILED

AUG 30 2001

RECEIVED

DEPT. OF STATE

209435

6. Provisions, if any, for the regulation of the internal affairs of the corporation:

NONE

7. The address of the initial registered office of the corporation is 20C MAIN STREET  
WAKEFIELD, RI 02879 (Street Address, not P.O. Box)  
at such address is JAY KORSEN (City/Town) (Zip Code) and the name of its initial registered agent  
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is ONE and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1.1-51 of the General Laws, 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>PRESIDENT</u>	<u>JAY KORSEN</u>	<u>1260 High Hawk Rd, E. GREENWICH, RI 02818</u>

9. The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>JAY KORSEN</u>	<u>1260 High Hawk Rd, E. GREENWICH, RI 02818</u>

10. Date when corporate existence is to begin 8/1/01 upon Filing  
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: 7/25/01  
Jay Korse x  
Signature of each Incorporator

STATE OF Rhode Island  
COUNTY OF Washington

In WAKEFIELD, on this 8 day of August, 2001, personally appeared before me Jay Korse, each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by them subscribed to be their free act and deed.

[Signature]  
Notary Public  
My Commission Expires: 11-2-03

# ACORD INSURANCE BINDER

DATE (MM/DD/YY)  
08/17/01

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER  
PHONE (A/C, H, F) 401-782-1800

BABCOCK &amp; HELLIWELL INC

138 MAIN STREET  
WAKEFIELD

RI 02879

COMPANY

BEACON MUTUAL INSURANCE

BINDER #

EFFECTIVE

DATE

TIME

X

AM

PM

EXPIRATION

DATE

TIME

X

12:01 AM

NOON

8/17/01

12:01

9/17/01

CODE:

SUB-CODE:

AGENCY  
CUSTOMER ID: ABACTA0-2

INSURED

BACK TO HEALTH CHIROPRACTIC  
OF WAKEFIELD INC  
20C MAIN STREET  
WAKEFIELD RI 02879THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY  
PER EXPIRING POLICY #: ON ORDER

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including location)

## COVERAGES

TYPE OF INSURANCE		COVERAGE FORMS	LIMITS		
PROPERTY	CAUSES OF LOSS		AMOUNT	DEDUCTIBLE	COINS %
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
GENERAL LIABILITY			GENERAL AGGREGATE \$		
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PRODUCTS - COMP/OP AGG \$		
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			PERSONAL & ADV INJURY \$		
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT			EACH OCCURRENCE \$		
			FIRE DAMAGE (Any one fire) \$		
			MED EXP (Any one person) \$		
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT \$		
<input type="checkbox"/> ANY AUTO			BODILY INJURY (Per person) \$		
<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per accident) \$		
<input type="checkbox"/> SCHEDULED AUTOS			PROPERTY DAMAGE \$		
<input type="checkbox"/> HIRED AUTOS			MEDICAL PAYMENTS \$		
<input type="checkbox"/> NON-OWNED AUTOS			PERSONAL INJURY PROT \$		
			UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE		<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION:			STATED AMOUNT \$		
<input type="checkbox"/> OTHER THAN COL:			OTHER		
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT \$		
<input type="checkbox"/> ANY AUTO			OTHER THAN AUTO ONLY:		
			EACH ACCIDENT \$		
			AGGREGATE \$		
EXCESS LIABILITY			EACH OCCURRENCE \$		
<input type="checkbox"/> UMBRELLA FORM			AGGREGATE \$		
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			X STATUTORY LIMITS		
			EACH ACCIDENT \$ 100,000		
			DISEASE - POLICY LIMIT \$ 500,000		
			DISEASE - EACH EMPLOYEE \$ 100,000		

30 DAY BINDER CONFIRMING COVERAGE UNTIL NEW POLICY ISSUED

SPECIAL  
CONDITIONS/  
OTHER  
COVERAGES

NAME &amp; ADDRESS

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

John C. Tickner, CPCU

AB(A)



NCMIC INSURANCE COMPANY  
1452 29TH STREET STE 102  
WEST DES MOINES, IA 50266-1307  
800-247-8043

**PROFESSIONAL LIABILITY DECLARATIONS**  
**Chiropractic Malpractice - Occurrence**

**Policy #:** MP00910172

**Policy Period:** From 07/14/2001 to 07/14/2002 12:01am  
Standard Time at the address of the Named Insured

**Reason for new Declaration:**  
New - State Transfer

**Named Insured:** JAY S KORSEN DC  
BACK TO HEALTH  
20C MAIN ST  
WAKEFIELD RI 02879

<b>Person/Entity Insured:</b>	<b>Limits of Liability</b> Per Medical Incident/Policy Aggregate	<b>Annual Premium</b>
JAY S KORSEN DC	1,000,000/3,000,000	720.00
Discounts:		
Claim Free Disc - 8 Percent		-58.00
		662.00
BACK TO HEALTH CHIROPRACTIC P	1,000,000/3,000,000	720.00
Discounts:		
Professional Partnership, Assoc. or Corporation w/Separate Limits Endmt. (Form #00-2000 04/1999)		-576.00
Claim Free Disc - 8 Percent		-2.00
		142.00

**State Mandatory Endorsements Made Part of This Policy**

Rhode Island Cancellation Provision Endorsement (Form #40-2000 07/1999)

Rhode Island Interest on Judgement Endorsement (Form #40-2001 07/1999)

**New App Fee** 0.00  
**Taxes** 0.00

**Annual Premium** 804.00

**THIS IS NOT A BILL**

**THIS IS YOUR DECLARATIONS PAGE. PLEASE KEEP FOR YOUR RECORDS.**

**THIS IS NOT A BILL.**

Issued 07/17/2001 at West Des Moines, IA  
Form: MP2000 04/1999

- Insured Copy -

Form: U023 04/99  
Icrannell - Client