Filing and License Fee: \$230.00 minimum

ID Number: 103555



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

PROFESSIONAL SERVICE CORPORATION

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 Chiropracti	c Health Car	e Services, In	C.		
	(This is a close corporation pursuant to	§ 7-1.2-1701 o	f the General Lav	ws. 1956, as amended.) (Strike	if inapplicable.)	
2.	The profession to be practiced through the	professional	service corpo	oration is Chiropractic		
3.	The total number of shares which the corpo	oration has a	uthority to issu	ue is:		
	(a) If only one class. Total number of shares	5,000.00				
			<u>or</u>			
	(b) If more than one class: Total number of sh A statement of all or any of the designations an limitations, or restrictions of them, which are per respect of any class or classes of shares of the express grant of the authority as it may then be be desired but which is not fixed by the articles:	nd the powers, mitted by the percentage comporation as	preferences, a provisions of Cl and the fixing o	napter 7-1.2 of the General L f which by the articles of ass	aws, 1956, as amer sociation is desired,	nded, in and an
4.	The address of the initial registered office of	of the corpora	ation is 359	Broad Street (Street Address, <u>no</u> t	(P.O. Box)	
	Providence (City/Town)	, RI	02907 (Zip Code	and the name of it	s initial registered	agent
	• •	ե iii	(2.0 0000)	,		
	at such address is Edward R. McCormic (Name	e of Agent)		·	21	£7
5.	The corporation shall have perpetual exist	tence until di	ssolved or ter	minated in accordance wi	th Chapter 7-1.2.	1. 1
6.	Unless otherwise stated all authorized sha	ares are deer	med to have a	a nominal or par value of \$	(6) 	
				FILED	10: 06	@ }
Fo	om No. 112			ADD 1 9 2007		V.

102462

none	
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The name and address of each incor	porator is:
<u>Name</u>	<u>Address</u>
<u>Name</u>	
<u>Name</u>	<u>Address</u>
<u>Name</u>	<u>Address</u>
<u>Name</u>	<u>Address</u>
<u>Name</u> Cheryl Tarateta	<u>Address</u> 3 Cavalade Blvd Johnston, RI
Name Cheryl Tarateta hese Articles of Incorporation shall it	Address 3 Cavalade Blvd Johnston, RI De effective upon filing unless a specified date is provided which shall be no
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Name Cheryl Tarateta hese Articles of Incorporation shall it	Address 3 Cavalade Blvd Johnston, RI De effective upon filing unless a specified date is provided which shall be no filing upon filing Under penalty of perjury, I/we declare and affirm that I/we is examined these Articles of Incorporation, including
Name Cheryl Tarateta	Address 3 Cavalade Blvd Johnston, RI De effective upon filing unless a specified date is provided which shall be no filing upon filing Under penalty of perjury, I/we declare and affirm that I/we is examined these Articles of Incorporation, including accompanying attachments, and that all statements contains
Name Cheryl Tarateta these Articles of Incorporation shall it han the 90 th day after the date of this	Address 3 Cavalade Blvd Johnston, RI De effective upon filing unless a specified date is provided which shall be no filing upon filing Under penalty of perjury, I/we declare and affirm that I/we is examined these Articles of Incorporation, including accompanying attachments, and that all statements contained are true and correct.
Name Cheryl Tarateta hese Articles of Incorporation shall it	Address 3 Cavalade Blvd Johnston, RI De effective upon filing unless a specified date is provided which shall be no filing upon filing Under penalty of perjury, I/we declare and affirm that I/we is examined these Articles of Incorporation, including accompanying attachments, and that all statements contains



NCMIC INSURANCE COMPANY 14001 UNIVERSITY AVENUE CLIVE, IA 50325-8258 800-247-8043

PROFESSIONAL LIABILITY DECLARATIONS Chiropractic Malpractice - Occurrence

Policy #: MP00926368

Policy Period: From 01/17/2007 to 01/17/2008 12:01am

Local Time at the address of the Named Insured

Mailing Address: Cheryl A Tarateta DC

3 Cavalcade Blvd

Johnston RI 02919

Person/Entity Insured:

Limits of Liability Per Medical Incident/Policy Aggregate

Annual Premium

Cheryl A Tarateta DC

1,000,000/3,000,000

959.00

Additional Coverages:

Supplemental Legal Defense End (Form #06-2016 05/2006)

Effective Date: 01/17/2007

No Charge

Discounts:

1st Yr License

-719.00

240.00

State Mandatory Endorsements Made Part of This Policy

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

Phode Island Interest on Judgment Endorsement (Form #40-2001 05/2006)

0.00 **New App Fee** 0.00 Taxes

240.00 Annual Premium THIS IS NOT A BILL

Reason for new Declaration:

New Policy

THIS IS YOUR DECLARATIONS PAGE. PLEASE KEEP FOR YOUR RECORDS. THIS IS NOT A BILL

Issued 01/22/2007 at Clive, IA ------ IMO2006 05/2006

- Insured Copy -

Form: U023 04/99 gbrooks - Client