Filing Fee: \$150.00

ID Number: 115962



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:

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1.	The name of the corporation is HABER-DIBONI CHIROPRACTIC, LTD.						
	(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:						
	To own, manage, and otherwise conduct the professional business of a chiropractic medical						
	practice, and any and all other lawful business as permitted by the Rhode Island						
	Business Corporation Act.						
4.	The aggregate number of shares which the corporation shall have authority to issue is:						
	(a) If only one class Total number of shares 8,000 (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.)						
	\$.01						
	<u>or</u>						
	(b) If more than one class. Total number of shares (State (A) the number of shares of each class thereo 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.):						
	Provisions, if any, dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956 as amended: ()), Hd II E [] 330						
	OSRPANTIA ROARCO						
	SECHETARY OF STATE CORPORATIONS OF STATE						
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Form No 100 Revised 01/99

6.	Provisions, if any, fo	r the regulation of the interna	l affair	s of the	corporation.					
7.	The address of the initial registered office of the corporation is 2 Williams Street									
	Providence		, RI	02903		and the i	(Street Address, <u>not P.O. Box)</u> name of its initial registered a	agent		
	at such address is	(City/Town) Scott A. Ritch, Esq. (Name of Age	nt)	(Zış	Code)	. •	-	-		
8. The number of directors constituting the initial board of directors of the corporation is										
	<u>Title</u>	<u>Name</u>					<u>Address</u>			
	President	Lorri Haber-DiBoni		 			Rd., Smithfield, RI 02917			
	Secretary	Lorri Haber-DiBoni			14 Cedar Swamp Rd., Smithfield, RI 02917					
	Treasurer	Lorri Haber-DiBoni			14 Cedar	Swamp	Rd., Smithfield, RI 02917			
Scott A. Ritch, Esq. 2 Williams Street, Providence, Rt 02903 10. Date when corporate existence is to begin January 1, 2001										
	ate: December 27, 2	<u> </u>	(not prio		MA	Kit	e filing of these articles of incorporat	ion)		
	TATE OF RHODE DUNTY OF PROVI	ISLAND A	<i></i>	0	Sign	ature of e	ach Incorporator			
ар	In Providence	on this	27th	0	iay of Dece	mber	2000 perso	nally		
ea	ch and all known to r	ne and known by me to be th	e parti	es execu	iting the fore	egoing ins	trument, and they severally			
ac	knowledged said inst	rument by them subscribed to	be th	eir free a	act and deed	d.				
				otary Rut	offic ssion Expire	<u> </u>	2-15-64			

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

PROFESSIONAL LIABILITY DECLARATIONS Chiropractic Malpractice - Occurrence

Policy #: MP00086356

Policy Period: From 09/01/2000 to 09/01/2001 12:01am

Standard Time at the address of the Named Insured

Named Insured: LORRI HABER-DIBONI DC

14 CEDAR SWAMP RD SMITHFIELD RI 02917-2448 Reason for new Declaration: Renewal

Person/Entity Insured:

Limits of Liability
Per Medical Incident/Policy Aggregate
Premittin

LORRI HABER-DIBONI DC
Discounts:

Claim Free Disc - 6 Percent

Limits of Liability
Per Medical Incident/Policy Aggregate

1,000,000/3,000,000

720.00

677.00

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 677.00
THIS IS NOT A BILL

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

「AIQ SN0117805800 Issued 08/28/2000 at Motal Description in MP2000 04/1999 コロックスリ

- Insured Copy -

Form: U023 04/99 Client