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Division of Corporations

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Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

AXIA HEALTHTRENDS, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AXIA HealthTrends, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. March 28, 2006 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6629 West Central Avenue, Suite 100, Toledo, OH 43617 (Principal office address)

Same as above (Current mailing address)

8. Telephone-based lifestyle and health management services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 2731 Executive Park Drive, Suite 4,
Weston, Florida 33331
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: See Continuation Sheet

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Continuation Sheet

Address: _____

Vice President: _____

Address: _____

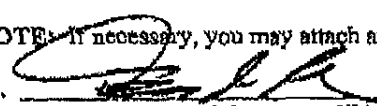
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. Douglas D. Byrd, Esq., Secretary _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Continuation Sheet

Officers:

John H. Harris, III	President	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Hugh L. Lytle	Vice President	6629 West Central Avenue, Suite 100 Toledo, OH 43617
John H. Harris, III	Treasurer	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Patrick Yount	Assistant Treasurer	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Barbara M. Danielson	Assistant Treasurer	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Diane Harris	Assistant Treasurer	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Douglas D. Byrd, Esq.	Secretary	506 Plain Street, Suite 105 Marshfield, MA 02050

Directors:

John H. Harris, III	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Hugh L. Lytle	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Patrick Yount	6629 West Central Avenue, Suite 100 Toledo, OH 43617
Robert Jacques	6629 West Central Avenue, Suite 100 Toledo, OH 43617

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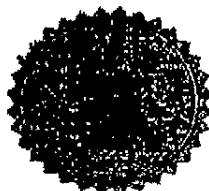
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXIA HEALTHTRENDS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXIA HEALTHTRENDS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4640761

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DATE: 04-03-06

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