

P02000110739

TRANSMITTAL LETTER

FILED  
02 OCT 11 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: To incorporate: M.D. Wellness Centers, P.A.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

100008332351--8  
-10/11/02--01045--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

100008332351--8  
-10/11/02--01045--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

100008332351--8  
-10/11/02--01045--004  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

OPTIONAL:

Certificate of Status \$ 8.75

FROM: Dr. Marla LaVoice

Name (Printed or typed)

19111 Collins Ave., # 2806

Address

North Miami Beach, Florida 33160

City, State & Zip

305-342-9797

Daytime Telephone number

DR 10/15 ✓

**CERTIFICATE OF DOMESTICATION**

The undersigned, Marla LaVoice, President  
(Name) (Title)

of Northside Foot & Leg Specialists, P.C.  
(Corporation Name) a foreign corporation

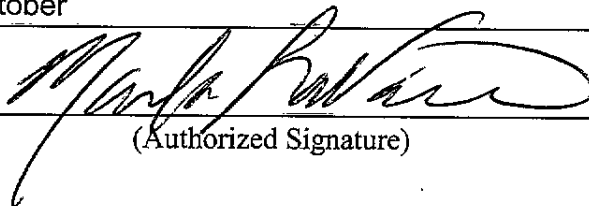
in accordance with F.S., 607.1801 does hereby certify:

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1. The date on which corporation was first formed is August 6, 1997
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being is Dekalb County in Atlanta, Georgia
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication is Norhside Foot & Leg Specialists, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is M.D. Wellness Centers, P.A.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication is Dekalb County in Atlanta, Georgia
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Marla LaVoice, of 19111 Collins Ave., #2806, North Miami Beach, FL. 33160

and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 7th day of October, 2002

  
(Authorized Signature)

**Filing Fee:**

<b>Certificate of Domestication</b>	<b>\$50.00</b>
<b>Articles of Incorporation and Certified Copy</b>	<b>\$78.75</b>
<b>Total to domesticate and file</b>	<b>\$128.75</b>

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607, F.S.

**ARTICLE I NAME**

The name of the corporation shall be:

M.D. Wellness Centers, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

P.O. Box 802534  
North Miami Beach, FL. 33280

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Practice Medicine

**ARTICLE IV SHARES**

The number of shares of stock is:

50,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Dr. Marla LaVoice  
19111 Collins Ave., #2806  
North Miami Beach, FL. 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr. Marla LaVoice  
19111 Collins Ave., #2806  
North Miami Beach, FL. 33160

\*\*\*\*\*

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

Oct. 7, 2002  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Oct 7, 2002  
\_\_\_\_\_  
Date

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