

P9700005 7391

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

FILED

97 JUL -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~Holistic Health~~

~~Concepts, Inc.~~
INNOVATIVE HEALTH CARE SERVICES, INC.

100002219161--2
-06/23/97--01001--014
****122.50 ****122.50

- Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Name Reservation _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

K.R. JUL 01 1997
W97-14537
K.R. JUN 23 1997

97 JUN 20 PM 3:43
RECEIVED

Signature _____

Requested by: CBB 6.20 235

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 23, 1997

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32302

SUBJECT: HOLISTIC HEALTH CONCEPTS, INC.
Ref. Number: W97000014537

We have received your document for HOLISTIC HEALTH CONCEPTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 697A00033152

Corrected

97 JUN 30 PM 12:12



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 30, 1997

CAPITAL CONNECTION, INC.
417 E VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32302

SUBJECT: INNOVATIVE HEALTH CARE SERVICE, INC.
Ref. Number: W97000014537

Corrected

We have received your document for INNOVATIVE HEALTH CARE SERVICE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 597A00034328

RECEIVED
97 JUN 30 PM 4: 21
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

of

INNOVATIVE HEALTH SERVICES, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

INNOVATIVE HEALTH SERVICES, INC.

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11 AM 9:00
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ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Sasha S. Parker</u>		
ADDRESS	<u>508 s.w. 5th Ave</u>		
CITY	<u>Ft. Lauderdale</u>	FLORIDA	ZIP <u>33315</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Sasha S. Parker</u>		
ADDRESS	<u>508 s.w. 5th Ave</u>		
CITY	<u>Ft. Lauderdale</u>	FLORIDA	ZIP <u>33315</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1.00) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Sasha S. Parker</u>		
ADDRESS	<u>508 SW 5th Ave</u>		
CITY	<u>Ft. Lauderdale</u>	STATE <u>Fl.</u>	ZIP <u>33315</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sasha S. Parker	
ADDRESS	508 SW 5 TH AVE	
CITY	STATE	ZIP
Ft. Lauderdale	FL	33315
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of June, 1997.

Sasha S. Parker (Seal)
 #1 7626-797-47-503-0 (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Sasha S. Parker

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 17 day of June, 1997.

(Notary Seal)

Licia Caceres
 (Notary Public, State of Florida at Large)

My Commission expires: March 1, 1999



LICIA CACERES
 MY COMMISSION # CC442858 EXPIRES
 March 1, 1999
 BONDED THROUGH TROY FARM INSURANCE, INC.

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

INNOVATIVE HEALTH SERVICES, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 508 S.W. 5TH Ave

Ft. Lauderdale Fl. 33315

has named Sasha S. Parker

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

97 JUL -1 AM 9:00

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