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TRANSMITTAL LETTER

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

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SUBJECT: Treasure Coast Fitness, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50. Please send me a Certificate of Incorporation.

FROM: Ellen Viamontes, RN, CCRN, RNFA

59 N.River Rd. Stuart, Fl. 34994

Tel: (561) 220-9780 Fax: (561) 287-1209

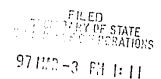
Sincerely,

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CERTIFICATE OF INCORPORATION

OF
Treasure Coast Fitness, Inc.



First, the name of the Corporation is Treasure Coast Fitness, Inc.

Second, its registered office in the State of Florida is to be located at 59 N.River Rd., in the city of Stuart, County of Martin.

Third, the registered agent is Ellen Viamontes, RN, CCRN, RNFA, and the registered agent's address is: Ellen Viamontes, RN, CCRN, RNFA

59 N.River Rd. Stuart, Fl. 34994 Tel: (407) 287-2518 Fax: (407) 287-1209

Fourth, the nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz: "The purpose of the corporation is to engage in any lawful act or activity for which the corporations may be organized under the general Corporation Law of Florida."

Fifth, the corporation shall have the authority to issue two classes of stock, the classification and par value of each share of stock shall be as follows:

1,000 Shares of Common stock, each share to have a Par Value of \$0.10 per share Par Value, designated as Class A Common Stock; and 1000 shares of Preferred Stock with a Par Value of \$0.10 each share, designated as Class B Preferred Stock. The holder of Class A Preferred Stock shall be allowed one vote per share of Class A Preferred Stock at the time of Corporate elections. The holder of Class B Common Stock shall not be allowed to vote during Corporate elections unless he also holds Class A Preferred Stock. Said preferred and common stock may be issued from time to time in one or more classes or series, with such dividend rates, voting rights, rights of conversions, rights upon dissolution or liquidation and with such designations, preferences and relative participation, optional or other special rights or qualifications, limitations or restrictions thereof, as shall be determined by resolution adopted by the Board of Directors at the time such stock is issued.

Sixth, the name and mailing address of the incorporator is as follows:

NAME

POST OFFICE ADDRESS

Ellen Viamontes

59 N.River Rd.

Stuart, Fl. 34994

Seventh, the Name and Address of the Corporation is as follows:

NAME

OFFICE ADDRESS

Treasure Coast Fitness, Inc.

59 N River Rd. Stuart, Fl 34994

The undersigned incorporator has executed these Articles of Incorporation this 21st day of February, 1997.

Signature:

Ellen Vinmontes, RN, CCRN, RNFA

59 N.River Rd. Stuart, Fl. 34994

PILED BROTEIARY OF STATE Divided to Componations

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

97 KAR -3 PM 1:11

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

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement designating the Registered office/Registered Agent, in the State of Florida.

- 1. The name of the Corporation is: Treasure Coast Fitness, Inc.
- 2. The name and address of the registered agent and office is:

Ellen Viamontes, RN, CCRN, RNFA 59 N. River Road Stuart, Fl. 34994 Tel: (561) 220-9780

Fax: (561) 287-1209

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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: