F09000003476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 AUG 31 P 2:30
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TALLAHASSEE, FLORIDA

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D.A. WHITE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACTIVE HEALTH & WELLNESS CENTER, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MATHEW BRECHER, DC
Name of Person

ACTIVE HEALTH & WELLNESS CENTER, INC.
Firm/Company

9720 NORTH ARMENIA, SUITE H
Address

TAMPA, FL 33612
City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☑ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2009

MATTHEW BRECHER, D.C.
9720 NORTH ARMENIA, STE H
TAMPA, FL 33612

SUBJECT: ACTIVE HEALTH & WELLNESS CENTER, INC.
Ref. Number: W09000037743

We have received your document for ACTIVE HEALTH & WELLNESS CENTER, INC. and your check(s) totaling $5278.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the city name of the Principal Business and mailing address.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 509A00028290

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09 AUG 31 PM 2:59
DEPARTMENT OF STATE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
2009 AUG 31 P 2:30
SECRETARY OF STATE
TALLAHASSEE, 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. ACTIVE HEALTH & WELLNESS CENTER, 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. DELEWARE
(State or country under the law of which it is incorporated)

3. 59-3583865
(FEI number, if applicable)

4. 06/23/99
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2001
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9720 NORTH ARMENIA, SUITE H Tampa, FL 33612
(Principal office address)

9720 NORTH ARMENIA, SUITE H Tampa, FL 33612
(Current mailing address)

8. MEDICAL ARTS CHIROPRACTIC
(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: MATHEW BRECHER, DC

Office Address: 9720 NORTH ARMENIA, SUITE H

TAMPA (City), Florida 33612 (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.

MB P.C.
(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:

A. DIRECTORS

Chairman: MATHEW BRECHER

Address: 9720 NORTH ARMENIA, SUITE H

TAMPA, FL 33612

Vice Chairman: _____

Address: _____

_____

Director: JULIE BRECHER

Address: 9720 NORTH ARMENIA, SUITE H

TAMPA, FL 33612

Director: _____

Address: _____

_____

B. OFFICERS

President: MATHEW BRECHER, DC

Address: 9720 NORTH ARMENIA, SUITE H

Tampa, FL 33612

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. MATHEW BRECHER, DC

(Typed or printed name and capacity of person signing application)

Delaware

The First State

FILED

2009 AUG 31 P 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTIVE HEALTH & WELLNESS CENTER, 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 THIRTY-FIRST DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIVE HEALTH & WELLNESS CENTER, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W. Bullock, Secretary of State

3058367 8300

090737483

AUTHENTICATION: 7450214

DATE: 07-31-09

You may verify this certificate online at corp.delaware.gov/authver.shtml