

# N000004872

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EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

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(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(305) 444-4977

(Phone#)

(FAX#)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The Place for Wellness INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 JUL 25 AM 10:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

FILED  
00 JUL 25 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
THE PLACE FOR WELLNESS INC.  
A CORPORATION NOT FOR PROFIT

The undersigned, acting as Incorporator of a Corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such Corporation:

1. NAME: The name of the Corporation is THE PLACE FOR WELLNESS INC.

2. DURATION: The period of its duration is perpetual.

3. PURPOSE: The corporation may engage in activities or business related to health maintenance, managing care for acute and chronic disease/conditions, health promotion and other related care not limited to those listed. Addition services, such as, case management, counseling (eg. nutritional, emotional, social support), testing, diagnostic procedures, outpatient surgery, patient education, and other related measures not limited to those listed. the purpose is to engage in any activities related to health maintenance permitted under the laws of the United States of America and the State of Florida.

4. INITIAL REGISTERED OFFICE AND AGENT: The name and address of the initial Registered Agent and Office are as follows:

Registered Agent: MARY ELLEN MCLENDON  
Office Address: ROUTE 9 BOX 778-A  
LAKE CITY FL 32024

5. INITIAL BOARD OF DIRECTORS: The initial Board of Directors shall be comprised of THREE Director(s) initially. The number of Directors may be either increased or decreased from time to time by an amendment of the Bylaws of the Corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial Director(s) of this Corporation is/are:

1) MARY ELLEN MCLENDON  
ROUTE 9 BOX 778-A  
LAKE CITY FL 32024

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ARTICLE OF INCORPORATION  
(continued)

2) AAMIR ALI PERBTANI  
ROUTE 10 BOX 410  
LAKE CITY, FL 32025

3) ANISA M PERBTANI  
ROUTE 9 BOX 778-A  
LAKE CITY FL 32024

6. INCORPORATOR: The name and address of the Incorporator signing these Article of Incorporation is:

MARY ELLEN MCLENDON  
ROUTE 9 BOX 778-A  
LAKE CITY FL 32024

8. DATE OF INCORPORATION: The formation of the Corporation shall be effective as of the date of execution and acknowledgment hereof or as soon as possible after the date of execution and acknowledgment hereof.

9. INDEMNIFICATION: Every person now or hereafter serving as director, officer or employee of the corporation shall be indemnified and held harmless by the corporation from and against any and all loss, cost, liability and expenses that may be imposed upon or incurred by him in connection with or resulting from any claim, action, suit or proceeding, in which he may become involved, as a party or otherwise, by reason of his being or having been a director, officer or employee of the Corporation, whether or not he continues to be such at time such loss, cost, liability or expenses shall have been imposed or incurred, except with regard to matters as to which any such director, officer or employee shall be adjudged in any claim, action, suit or proceeding to be liable for his own gross negligence or willful misconduct in the performance of duty. Expenses (including attorney's fees) incurred in defending any claim action, suite or proceeding may be paid by the Corporation in advance of the final disposition of such a proceeding.

IN WITNESS WHEREOF, the undersigned incorporator has executed these ARTICLE OF INCORPORATION this 24 day of JULY 2000

*Mary Ellen McLendon*

CERTIFICATE DESIGNATING REGISTERED OFFICE FOR  
SERVICE OF PROCESS WITHIN THE STATE OF  
FLORIDA, AND NAMING THE REGISTERED AGENT  
UPON WHOM PROCESS MAY BE SERVED.

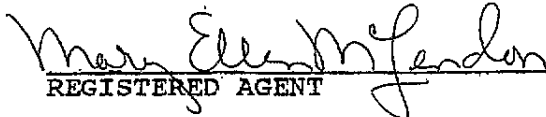
In compliance with section 48.091 and 607.034, Florida Statutes (1979), the following is submitted.

1. That THE PLACE FOR WELLNESS INC.  
desiring to qualify under the laws of the State of  
Florida, with its principal place of business at  
ROUTE 2 BOX 778-A LAKE CITY, FL 32024 has  
appointed MARY ELLEN MCLENDON as its Register Agent to  
accept service of process within the state of Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation at the place designated above, I DO HEREBY AGREE TO ACT in this capacity and agree to comply with the provisions of all the Statutes relative to the proper and complete performance of my duties.

Dated this 24 day of JULY, 2000

  
REGISTERED AGENT

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