

N97000006187

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 31 PM 3:15

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

SUBJECT: WholeHealth Library & Resource Center Inc.
(Proposed corporate name - must include suffix)

800002335128--3
-10/31/97-01064--006
*****70.00 *****70.00

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gail K. Ellison, PhD
Name (Printed or typed)

P.O. Box 655
Address

Melrose FL 32666
City, State & Zip

352-475-2220
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN NOV 3 1997

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be WholeHealth Library & Resource Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business shall be 25402 Pine Street, Melrose FL 32666, and the mailing address of this corporation shall be Post Office Box 655, Melrose FL 32666-0655.

ARTICLE III PURPOSE

The specific purpose for which this corporation is organized is to make available information and resources regarding options in health care.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

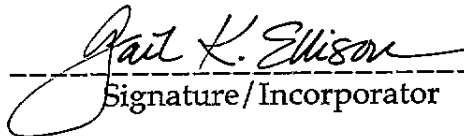
Directors are appointed at the discretion of the President, at the annual meeting.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are
Gail K. Ellison, PhD, 25402 Pine Street, Melrose FL 32666
(Mailing Address: P.O. Box 655, Melrose FL 32666)

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are
Gail K. Ellison, PhD, 25402 Pine Street, Melrose FL 32666
(Mailing Address: P.O. Box 655, Melrose FL 32666)

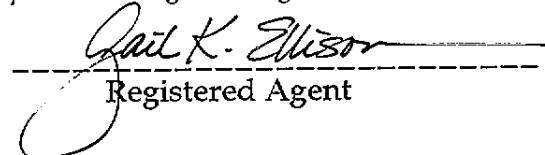


Signature/Incorporator



Date

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 provision 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.



Registered Agent



Date