

P00000001291

TRANSMITTAL LETTER

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

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-12/29/98--01015--009
*****78.75 *****78.75

SUBJECT: Deltona Advanced Wellness Medical Center, Inc.
(Proposed corporate name - must include suffix)

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

99 DEC 29 PM 1:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

Lester N. Levine, DC
Name (printed or typed)

1240 Normandy Boulevard
Address

Deltona Florida 32725
City, State & Zip

407-574-1464
Daytime Telephone number

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

R. CHESLER JAN 5 1999

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Deltona Advanced Wellness Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1240 Normandy Boulevard
Deltona, Florida 32725

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lester W. Levine, Jr.
1856 Wingfield Drive
Longwood, Florida 32779

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lester N Levine, DC
1240 Normandy Boulevard
Deltona, Florida 32725

Article VI

Professional Corporation for a
Chiropractic Doctor.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of December, 19 99.

Lester N Levine DC
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Deltona Advanced Wellness

Medical Center, Inc.

2. The name and address of the registered agent and office is:

Lester N. Levine, DC
(Name)

1240 Normandy Boulevard
(P.O. Box not acceptable)

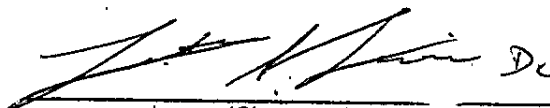
Deltona, Florida 32725
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

12/22/99
(Date)