

PO0000003159

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200003094542--0
-01/11/00--01055--006
*****78.75 *****78.75

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

1. Orlando Health Center for Natural & Traditional
(Corporation Name) (Document #) Medicine, Inc

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 11u

☒ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy Slanged

☐ Certificate of Status

RECEIVED
00 JAN 11 AM 11:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
00 JAN 11 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input 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

T. SMITH JAN 11 2000

**ARTICLES OF INCORPORATION OF
ORLANDO HEALTH CENTER FOR NATURAL & TRADITIONAL MEDICINE, INC.**

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:

Orlando Health Center for Natural & Traditional Medicine, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

5979 Vineland Road suite 209
Orlando, FL 32819

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

Brian D. Burns, ~~III~~
5979 Vineland Road suite 209
Orlando, FL 32819

ARTICLE V - INCORPORATORS

The name and street address of the incorporator of these Articles of Incorporation is:

Brian Burns, ~~III~~
5979 Vineland Road suite 209
Orlando, FL 32819

The undersigned incorporator has executed these Articles of Incorporation this 6 day of Jan, 19 2000

X Brian D. Burns
Brian Burns, ~~III~~

FILED
00 JAN 11 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF
ORLANDO HEALTH CENTER FOR NATURAL & TRADITIONAL MEDICINE, INC.

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:

Orlando Health Center for Natural & Traditional Medicine, Inc.

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

Brian D. Burns, ~~DC~~
5979 Vineland Road Suite 209
Orlando, FL 32819

Having been named as registered agent and to accept service of process for the above stated
corporation at the place designed 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.

X DBD
Signature

1/5/00
Date

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TALLAHASSEE, FLORIDA