

TRANSMITTAL LETTER

P00000009846

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

THE LIFESTYLE MEDICINE INSTITUTE

SUBJECT:

The Lifestyle Medicine Institute

(Proposed corporate name - must include suffix)

500003108329-9

-01/24/00-01108-002

*****78.75 *****78.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MARK WALTER MD

Name (Printed or typed)

4569 MORNINGSIDE

Address

SARASOTA, FL 34235

City, State & Zip

(941) 957-0200

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 24 PM 2:47

FILED

Mark Walter GAVE
TO
Corp. Sec'y
1-28-00
TB

T. Burch JAN 28 2000

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE LIFESTYLE MEDICINE INSTITUTE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4569 MORNINGSIDE, SARASOTA, FL 34235

ARTICLE III SHARES

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

100 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DR. MARK V. WALTER, 4569 MORNINGSIDE, SARASOTA,
FL 34235

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DR MARK V. WALTER, 4569 MORNINGSIDE, SARASOTA,
FL. 34235



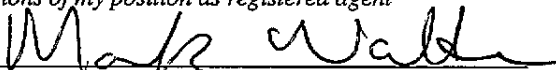
Signature/Incorporator

Jan 20, 2000

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Jan 20, 2000

Date