

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

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Articles

1.) Serenity Center for Integrative Medicine, Inc
(CORPORATE NAME & DOCUMENT #)

2.) _____
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3.) _____
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FILED
00 FEB -9 PM 4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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00 FEB -9 PM 3:02
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T. SMITH FEB 8-9 2000

ARTICLES OF INCORPORATION

OF

Serenity Center for Integrative Medicine, Inc.

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

ARTICLE I
NAME OF CORPORATION

The name of the corporation shall be: Serenity Center for Integrative Medicine, Inc.

ARTICLE II
ADDRESS OF CORPORATION

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

Sand Lake Physician's Bldg.
9430 Turkey Lake Rd. Suite 102
Orlando, FL. 32819

ARTICLE III
CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares.

ARTICLE IV
TERM OF CORPORATE EXISTENCE

This corporation shall exist perpetually unless dissolved according to law and such existence shall commence at the time of filing of these Articles of Incorporation by the Department of State.

ARTICLE V
CORPORATE PURPOSE

The corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

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00 FEB -9 PM 4:12
SECRETARY OF STATE
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ARTICLE VI
REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lyn Witter, Ph.D.
Sand Lake Physician's Bldg.
9430 Turkey Lake Rd. Suite 102
Orlando, FL. 32819

ARTICLE VII
INCORPORATOR(S)

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

Lyn Witter, Ph.D. - Sand Lake Physician's Bldg., 9430 Turkey Lake Rd. Suite 102, Orlando, FL. 32819

ARTICLE VIII
BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

ARTICLE IX
ACTION BY DIRECTORS WITHOUT A MEETING

The directors of this corporation may take action by written consent, as provided by law.

ARTICLE X
DIRECTORS

The business of this corporation shall be managed by a Board of Directors consisting of Douglas Witter, M.D. This name may change. The Corporation shall have a president, a secretary, and a treasurer and may have additional and assistant officers. A person may hold more than one office. Names of initial directors:

Douglas Witter, M.D. - President
Lisa Witter, A.R.N.P. - Vice-President
Laura Witter, A.R.N.P. - Vice-President
David Witter, SC.D. - Secretary
Lyn Witter, Ph.D. - Treasurer

ARTICLE XI
INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI
AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders as subject to this reservation.

We the undersigned has(have) executed these Articles of Incorporation this 07 day of 02-00, ~~19~~.

Signature Lyn Witter, Ph.D.
Title Agst / Treasurer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Serenity Center for Integrative Medicine, Inc.

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

Lyn Witter, Ph.D.
Sand Lake Physician's Bldg.
9430 Turkey Lake Rd. Suite 102
Orlando, FL. 32819

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TALLAHASSEE, FLORIDA

SIGNATURE Lyn Witter, Ph.D.

TITLE Agent / Treasurer

DATE 02-07-00

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 PERFORMANCES OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Lyn Witter, Ph.D.

DATE 02-07-00