

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-1370 • 1-800-342-8062 • Fax (850) 222-1222

P00000015885

Family Health and  
Wellness Center, P.A.

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-02/14/00--01049--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
00 FEB 14 AM 10:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 FEB 15 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: ES 2/14/00 9:54  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

CB  
2-15-00  
7



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 14, 2000

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, STE. 1  
TALLAHASSEE, FL 32302

SUBJECT: FAMILY HEALTH AND WELLNESS CENTER, P.A.  
Ref. Number: W00000003895

We have received your document for FAMILY HEALTH AND WELLNESS CENTER, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten  
Document Specialist

Letter Number: 200A00007557

*Corrected*

RECEIVED  
00 FEB 15 AM 10:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
FAMILY HEALTH AND WELLNESS CENTER, P.A.**

The undersigned subscribers to these Articles of Incorporation, being natural persons competent to contract, hereby form a corporation under and pursuant to the laws of the State of Florida providing for the formation, liability, rights, privileges and immunities of corporations for profit, and for that purpose, hereby certify, declare and set forth as follows, to wit;

**ARTICLE I - NAME**

The name of the corporation shall be:

**FAMILY HEALTH AND WELLNESS CENTER, P.A.**

**ARTICLE II - GENERAL NATURE OF BUSINESS**

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida. The specific nature of business is medical.

**ARTICLE III - CAPITAL STOCK**

The capital stock of this corporation shall be One Thousand (1000) Shares at \$1.00 per share par value.

All of said stock shall be payable in cash, property, real or personal, labor or services in lieu of cash, at a just valuation to be fixed by the stockholders of this corporation.

**ARTICLE IV - CAPITAL TO BEGIN BUSINESS**

The amount of capital with which this corporation shall commence business shall be Five Hundred (\$500.00) Dollars.

**ARTICLE V - CORPORATE EXISTENCE**

This corporation shall exist perpetually unless sooner dissolved according to law.

**FILED**  
00 FEB 15 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE VI - PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the corporation shall be 2625 N.E. 14<sup>th</sup> Avenue, Fort Lauderdale, Florida 33334 with the privilege of having branch offices at other places within or without the State of Florida.

## **ARTICLE VII - REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the corporation's registered agent is Lisa M. Paniry, D.C., 2625 N.E. 14<sup>th</sup> Avenue, Fort Lauderdale, Florida 33334.

## **ARTICLE VIII - OFFICERS AND DIRECTORS**

The name and address of the first director and officer of the corporation who shall hold office for the first year or until her successors are chosen shall be:

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>
Lisa M. Paniry	2625 N.E. 14 <sup>th</sup> Avenue Fort Lauderdale, FL 33334	President/Director

This corporation shall have at least one, but not more than five directors, and no person shall be required to own, hold or control stock in the corporation as a condition precedent to holding an office in this corporation.

## **ARTICLE IX - SUBSCRIBERS**

The names and addresses of the subscribers to these Articles of Incorporation and the number of shares of stock each agrees to take are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>	<u># OF SHARES</u>
Lisa M. Paniry	2625 N.E. 14 <sup>th</sup> Avenue Fort Lauderdale, FL 33334	President/Director	500

## **ARTICLE X - RESTRICTION ON SALE OF SHARES**

Shares of stock held by the initial shareholders may not be resold or otherwise transferred to other persons unless such shares are first offered to the remaining shareholders of this corporation. The price and terms at which, and the time within which, such shares may be offered and sold shall be further specified by written agreement among all of the shareholders and this corporation.

#### **ARTICLE XI - MAINTENANCE OF EQUITY INTEREST IN CORPORATION**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which she already holds, shall have the right to purchase her pro rata share thereof (as nearly as may be done without issuance of fractional shares), at the price at which it is offered to others.

#### **ARTICLE XII - AMENDMENTS TO CORPORATE DOCUMENTS**

This corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute.

Directors of this corporation shall have the power to make or amend the By-laws and to fix any amount to be reserved for working capital.

#### **ARTICLE XIII - LIMITATION OF LIABILITY OF SHAREHOLDERS**

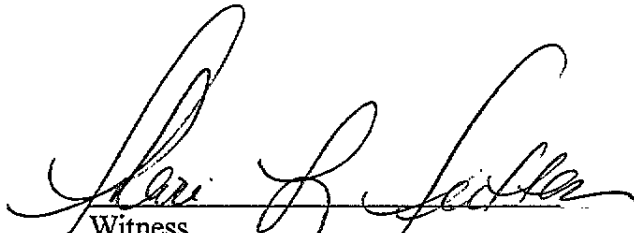
The private property of the stockholders shall not be subject to the payment of the corporate debts in any extent whatsoever. The corporation shall have first lien on the shares of its members and upon the dividends due them for any indebtedness of such members to the corporation.

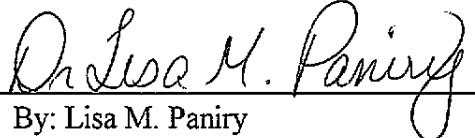
**IN WITNESS WHEREOF**, the undersigned being the original subscriber to the Articles of Incorporation herein, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, this 7<sup>th</sup> day of February, 2000.

**ARTICLES OF INCORPORATION  
FAMILY HEALTH AND WELLNESS CENTER, P.A.**

IN THE PRESENCE OF:

**FAMILY HEALTH AND WELLNESS CENTER, P.A.**

  
Witness


  
By: Lisa M. Paniry

**ACKNOWLEDGMENT**

**STATE OF FLORIDA        }  
                                      } ss:  
COUNTY OF BROWARD }**

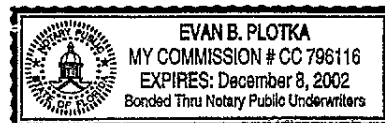
I, the undersigned officer, duly authorized to take acknowledgments and administer oaths in the State of Florida at Large, hereby certify that before me personally appeared LISA M. PANIRY to me well known to be the individual described herein and who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of February, 2000.

  
Notary Public  
State of Florida

My Commission Number:

My Commission Expires:



## ACCEPTANCE OF DUTIES OF REGISTERED AGENT

**IN WITNESS WHEREOF**, the undersigned being the registered agent to the corporation mentioned above, for the purpose of forming a corporation to do business both within and without the state of Florida, under the laws of Florida, hereby states that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

SIGNED this 7<sup>th</sup> Day of February 2000.

Lisa M. Paniry

## ACKNOWLEDGMENT

**STATE OF FLORIDA                }**  
  **} ss:**  
**COUNTY OF BROWARD         }**

I, the undersigned officer, duly authorized to take acknowledgments and administer oaths in the state of Florida at Large, hereby certify that before me personally appeared LISA M. PANIRY to me well known to be the individual described herein and who executed the foregoing Acceptance of Duties of Registered Agent for FAMILY HEALTH AND WELLNESS CENTER, P.A. and she acknowledged she executed the same for the purposes therein expressed.

acknowledged she executed the same for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of February, 2000.

Notary Public  
State of Florida

My Commission Number:

**My Commission Expires:**

