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

SUBJECT: _	Integrative Health Inc. (PROPOSED CORPOR	4 ATE NAME – <u>MUST INCL</u>	00003293 -06/16/00( *****70.00 <u>UDE SUFFIX</u> )	
Enclosed is an ori	iginal and one(1) copy of the artic	cles of incorporation and a		
Filing Fee		Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: James L. Schorr  Name (Printed or typed)			2000 SECF TALL	
Address			FILED JUN 16 PM RETARY OF A HASSEE. T	
Sarasota, Florida 34236  City, State & Zip  (941) 388 1579				STATE S4

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

Daytime Telephone number

1R 6/21

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Integrative Health Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 507 Jackson Drive Sarasota, FL 34236 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: To operate medical clinics and develop health products ARTICLE IV **SHARES** The number of shares of stock is: 10,000 shares of common stock ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): James L. Schorr 507 Jackson Dr Sarasota, FL 34236 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: James L. Schorr 507 Jackson Dr Sarasota, FL 34236 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: James L. Schorr 507 Jackson Dr Sarasota, FL 34236 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Jul 12,00

Date