P0000066401

Date 5-21-00

Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314

Re: Circle Of Health Technologies, Inc.
(name of corporation)

700 JUL 17 AM 8: 46
NEL ANASSEE FLORIDA

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

200003304942--8 -06/26/00--01131--004 ****122.50 *****78.75

James Leo 10002 (individual's name)

Circle of Health Technologies, Inc. (name of corporation)

MAILING ADDRESS OF CORPORATION	
5752 SW 88+h Terrace	
O 132 300 BOTH TOTTWEE	-
Cara a Cit El	
Cooper City FL	_
· · · · · · · · · · · · · · · · · · ·	,
000	٠
33328 PHONE	
(954) 680-1798	
Area Code Number Ext.	

T. Burch JUL 1 8 2000





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 29, 2000

JANET LEE WOOD 5752 SW 88TH TERRACE COOPER CITY, FL 33328

SUBJECT: CIRCLE OF HEALTH TECHNOLOGIES, INC.

Ref. Number: W00000016585

We have received your document for CIRCLE OF HEALTH TECHNOLOGIES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6928.

Tim Burch Document Specialist

Letter Number: 200A00036677

ARTICLES OF INCORPORATION

of

0.1		•
· Circle of Health Techr	nologies Inc.	
The undersigned subscriber(s) to these Articles of Incorporat corporation under the laws of the State of Florida.		contract, hereby form a
ARTICLE I - COR	PORATE NAME	*
The name of the corporation is:		~ ·
Circle of Health Technolo	gies, Inc.	<u> </u>
ARTICLE II -	DURATION .	
This corporation shall exist perpetually unless dissolved ac	ccording to Florida law.	SSE TI
ARTICLE III	- PURPOSE	7 3 5
The corporation is organized for the purpose of engaging in United States and the State of Florida.	any activities or business permitte	ed under the laws of the
The corporation is authorized to issue Dollar(s) (\$	APITAL STOCK Shares (100) of Stock, which shall be designated "	- one dollar
. ARTICLE V - INITIAL REGIST		· -
The principal office, if known, or the mailing adress of t		
NAME JAMET Lee WOOD		
ADDRESS 5752 SW 88+4 Terrac	,e	
ary Cooper City	FLORIDA FL	ZIP 33328
The name and street address of the Initial Registered As	gent of this Corporation is:	
NAME JAnez Lee Wood		•
ADDRESS 5752 SW 88th Tory	race	
CITY Cooper City	FLORIDA	ZIP 33328
This corporation shall have One () increased or diminished from time to time by the By-Law addresses of the initial director(s) of the corporation are) directors initially. The number o	f directors may be either as (1). The names and
NAME JAnet here bood		
ADDRESS 5752 SW 38+4 Te	rrace	
CITY. Cooper City	STATE L	ZIP 33328
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		1
ADDRESS		
ADDRESS CITY FORM 215: ARTICLES OF INCORPORATION, PAGE 1 PAGE	STATE	ZIP SEMINOLE-MIAMI

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

,	signing these ritteles of meorporation t	
NAME JANET Lee WOD		
ADDRESS 5752 SW 88+4	Terrace	
arr Cooper City	STATE FL	ZIP 33328
NAME		*
ADDRESS		
CITY	STATE	ZIP
NAME	•	
ADDRESS -		
CITY	STATE	ZIP
day of June, #2000	scriber(s) have executed these Articles of I	- -
	0	(Seal)
		(504)
		(Seal)
STATE OF FLORIDA COUNTY OF BROWARD) SS	
before me, a Notary Public authorized to take a appeared:	acknowledgments in the State and County	set forth above, personally
Janet de Wood Signature	FOL#W300-432-	
Signature	Form of Identi	fication
Signature	Form of Identi	Fication
known to me and known to be the person(s) who exeme that Fare North as indicated opposite each name	ecuted the foregoing Articles of Incorporation fIncorporation, that I relied upon the form	n, who acknowledged before
DEBORAH A. JORDAN MY COMMISSION * CC 826815 EXPIRES: April 14, 2003 Bonded Thru Notary Public Underwriters	Witness my hand and official seal in the C this day of Notary Signature Printed Notary Signature Printed Notary Signature	County and State last aforesaid

PAGE 2

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Circle of Health Technologies, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	5752	Sw 85	8th T	errace	
1	opper	City	FL	33328	
	7. Ton	. ~			

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registèred agent)

0 JUL 17 AM 8