

Charter Number Only

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

800003394138--8  
-09/15/00--01019--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Weight Control & Wellness Medical Centers, Inc.

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Profit          | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                  | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                    | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy  | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait          | <input type="checkbox"/> Mail Out                   |
| <input checked="" type="checkbox"/> Walk In         | <input checked="" type="checkbox"/> Pick Up |   |

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Cost Copy

RECEIVED  
00 SEP 15 AM 9:45  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE CORPORATIONS



Empire File Free: 1-800-432-3028

## TRANSMITTAL LETTER

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

SUBJECT: Weight Control & Wellness Medical Centers, Inc.  
(Proposed corporate name - must include suffix)

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

<input checked="" type="checkbox"/> <sup>78.75</sup> <del>\$122.50</del>	<input type="checkbox"/> \$131.25
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
Additional Copy Required	

FROM: Stephen E. Bloom, M.D.  
Name (printed or typed)

1970 Parkside Circle South  
Address

Boca Raton, FL 33486  
City, State & Zip

(561) 394-3232  
Daytime Telephone number

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

P. 07  
00 SEP 15 AM 11:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Weight Control & Wellness Medical Centers, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

5030 Champion Blvd #6-9  
Boca Raton, FL 33496

### ARTICLE III SHARES

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

100 Shares @ \$1.00 per Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephen E. Bloom, MD  
1970 Parkside Circle South  
Boca Raton, FL 33486

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

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

Stephen E. Bloom, M.D., Director, President, Vice  
President, Treasure, Secretary

1970 Parkside Circle South  
Boca Raton, FL 33486

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11 day of September, 2000

Stephen E. Bloom, MD  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
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: Weight Control & Wellness Medical Centers, Inc.

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

Stephen E. Bloom, MD  
(NAME)

5030 Champion Blvd #6-9  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boca Raton, FL 33496  
(CITY/STATE/ZIP)

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.

Stephen E. Bloom, MD.  
(SIGNATURE)

9-11-00  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
00 SEP 15 AM 11:00  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE