

TRANSMITTAL LETTER

P00000100706

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

FILED
OCT 25 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Integrative Medicine, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(I noticed this name has been used before yet is now inactive)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lee Litvinas, MD

Name (Printed or typed)

1250 FLORIDA AVENUE

Address

FT. MYERS, FL 33901

City, State & Zip

941 479 5249

Daytime Telephone number

700003439387--9
-10/25/00--01076--009
*****87.50 *****87.50

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

10-24

2

original

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 Medicine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Suite 100
S.W. Medical Plaza
2675 Winkler Avenue
Ft. Myers, FL 33901

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the highest quality services to patients in the fields
of internal medicine and integrative medicine.

ARTICLE IV SHARES

The number of shares of stock is:

1000. (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lee Litvinas, MD
1250 Florida Avenue
Ft. Myers, FL 33901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lee Litvinas, MD
1250 Florida Avenue
Ft. Myers, FL 33901

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

Lee Litvinas MD

Signature/Registered Agent

22 OCT 00

Date

Lee Litvinas MD

Signature/Incorporator

22 OCT 00

Date