

PO0000116199

DECEMBER 11, 2000

000003502540--2
-12/15/00--01074--023
****122.50 *****78.75

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

SUBJECT: CENTER FOR TRANSFORMATIONAL HYPNOSIS, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND A CHECK FOR \$122.50.

FROM:

JULIA ALLISON
236 ISLAND SHORES DRIVE
WEST PALM BEACH, FL 33413

00 DEC 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SeB
12/21

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE: **CENTER FOR TRANSFORMATIONAL HYPNOSIS, INC.**

FILED
00 DEC 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE CORPORATION IS:

CENTER FOR TRANSFORMATIONAL HYPNOSIS, INC.
236 ISLAND SHORES DRIVE
WEST PALM BEACH, FL 33413

ARTICLE III

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARES.

ARTICLE IV

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JULIA ALLISON
236 ISLAND SHORES DRIVE
WEST PALM BEACH, FL 33413

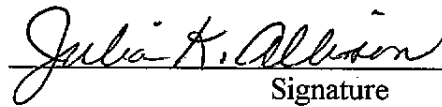
ARTICLE V

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

JULIA ALLISON
236 ISLAND SHORES DRIVE
WEST PALM BEACH, FL 33413

ARTICLE VI

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 12TH DAY OF DECEMBER, 2000.


Signature

**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 CENTER FOR TRANSFORMATIONAL HYPNOSIS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JULIA ALLISON
236 ISLAND SHORES DRIVE
WEST PALM BEACH, FL 33413

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.

Julia K. Allison
Signature

DEC. 12, 2000
Date

FILED
00 DEC 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA