POOOO 89/45 PO 0000 89/45 P.O. Box 7128, Naples

P.O. Box 7128, Naples, FL 34101 (941) 643-6263 Fax(941) 643-5243

Attorneys at Law RICHARD D. SPARKMAN JEFFREY C. QUINN KAREN S. BEAVIN

LAW OFFICES

Sparkman, Quinn, P.A.

August 16, 2001

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32314

200004583302--5 -09/11/01--01062--004 ******78.75 ******78.75

Re: ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

Dear Sir:

In reference to the above, please find enclosed the following:

- 1. Articles of Incorporation of ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.
- 2. Designation of Registered Agent.
- 3. Check in the amount of \$122.50 covering the following:

a. Filing Fee

\$35.00

b. Registered Agent Fee

\$35.00

c. Certified Copy

\$ 52.50

Please file the original, certify the copy, and return same to this office.

Sincerely yours,

SPARKMAN & OUINN, P.

& QUINN, P.A

JEFFRHY C. QUINN

JCQ/amh

Enclosures:

(as stated)

B. MEGISTER SEP 1 1 2001 Wol-19306



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 21, 2001

JEFFREY C QUINN, ESQUIRE PO BOX 7128 NAPLES, FL 34101

SUBJECT: ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

Ref. Number: W01000019306

We have received your document for ABSOLUTE HEALTH THERAPEUTIC MASSAGE, 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):

THE AFFIDAVIT RELEASING THE NAME MUST BE NOTARIZED.

Your check is being returned as it is not payable to this office. Please make your check payable to the Secretary of State and return it in order to complete your filing.

We are returning your check for \$122.50 to be replaced by one in the correct amount of \$78.75.

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.

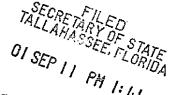
If you have any questions concerning the filing of your document, please call (850) 245-6919.

Letter Number: 401A00047568

Beth Register Corporate Specialist Supervisor New Filings Section

ARTICLES OF INCORPORATION

OF



ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

The undersigned subscriber, a natural person competent to contract, hereby presents these Articles of Incorporation for the formation of a corporation under the laws of the State of Florida.

ARTICLE ONE

NAME

The name of this corporation is ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

ARTICLE TWO

DURATION

The duration of this corporation shall be perpetual.

ARTICLE THREE

PURPOSE

The purpose of this corporation is the transaction of any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE FOUR

STOCK

The corporation shall have authority to issue 200,000 shares of common stock consisting of one class only. The stock shall have a par value of \$1.00 per share.

ARTICLE FIVE

SUBSCRIBERS

The name and street address of the subscriber of the initial issue of stock under these Articles of Incorporation is Anthony

Hansen, 1250 N. Tamiami Trail, #208, Naples, Florida 34102.

ARTICLE SIX

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the registered office shall be 307 Airport Road North, Naples, Florida 34104. The name of the initial registered agent at such address shall be JEFFREY C. QUINN, ESQUIRE.

ARTICLE SEVEN

CORPORATION'S PRINCIPAL OFFICE

The corporation's principal address is 1250 N. Tamiami Trail, #208, Naples, Florida 34102.

ARTICLE EIGHT

MANAGEMENT

The corporation shall be managed by the shareholders of the corporation instead of a Board of Directors.

ARTICLE NINE

INCORPORATORS

The name and address of the Incorporator is Anthony Hansen.

ARTICLE TEN

AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned has made and subscribed the foregoing Articles of Incorporation on this 18 day of June, 2001, in Naples, Collier County, Florida.

Attlet Jason
ANTHONY HANSEN

STATE OF FLORIDA

COUNTY OF COLLIER

Before me personally appeared ANTHONY HANSEN, known to me personally or identified to me by FC Drivers.C.sc as the person described in and who executed the foregoing instrument, and acknowledge to and before me that he executed said instrument for purposes therein expressed.

WITNESS my hand and official seal, this $\frac{18}{100}$ day of June, 2001.

Notary Signature

Printed Name

Francire Udlak
Seal:
Commission No. _____

Francine Wolak
My Commission CC820985
Expires March 25, 2003

DESIGNATION OF REGISTERED AGENT

ANTHONY HANSEN, the incorporator of ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC. hereby designates JEFFREY C. QUINN, ESQUIRE of 307 Airport Road North, Naples, Florida 34104, to be the registered agent of ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC. and he by and through this document, hereby accepts the appointment to be registered agent of ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

Incorporation

SWORN TO and subscribed before me on this ## day of June, 2001.

Notary Public

Printed Name of Notary

Seal:

My Commission Expires:

Francine Wolak

My Commission CC820985

Expires March 25, 2003

WRITTEN ACCEPTANCE BY REGISTERED AGENT FOR ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

I HEREBY am familiar with and accept the duties and responsibilities as registered agent for said comporation.

JEFFFEY C. QUINN, ESQUIRE

SWORN TO and subscribed before me on this 35 day of June, 2001.

Notary Public

ANNETTE M. HONDEMAN Printed Name of Notary Public Seal: My Commission Expires:



TALLAHASSEE, FLORIBA

STATEMENT REGARDING RELEASE OF CORPORATE NAME TO SUCCESSOR CORPORATION

The undersigned hereby agrees and states they will not revoke the dissolution of the corporation for 120 days from the date the Articles of Dissolution were filed and hereby immediately releases the corporation name, ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC., to the purchaser of the assets of the corporation, Mr. ANTHONY F. HANSEN, for the purposes of forming a new corporation of the same name.

Signed this 21 st day of 1	may	, <u>2001</u> .	
Signature Tra A. Sch	hudel hudel		
(By the chairman or vice chairman or directors, by an incorporator.)	of the board, president, or other officer - i	if there are no officers or	
Lisa A. (Type	SCHUDEL d or printed name)		
preside			₹s -
Iran lingly	(Title)	DI SEP 1-1	ECRETARY LLAHASSE
FRANCES WRIGHT Notary Public, Cherokee County, Georgia My Commission Expires March 26, 2003		PM 1:44	E. FLORIGA