D01000093895

TRANSMITTAL LETTER

Party I

01 SEP 24 AM 9: 21

TALLAHASSEE, FLORIDA

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

SUBJECT: INTEGRATIVE THERAPY CENTER, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004609087---7

-09/24/01--01125--019 \*\*\*\*\*87.50 \*\*\*\*\*\*

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$ 70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

Filing Fee,

Certified Copy & Certificate of

\$87.50

Status

ADDITIONAL COPY REQUIRED

FROM: Fernando L. Bernall

Name (Printed or typed)

212-A San Marco Avenue

Address

Saint Augustine, FL 32084

City, State & Zip

904-819-5466

Daytime Telephone number

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

## ARTICLES of INCORPORATION

01 SEP 24 AM 9:21

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Integrative Therapy Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address for the Corporation shall be:

212-A San Marco Avenue Saint Augustine, Florida 32084

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing health care and health care education

#### ARTICLE IV SHARES

The number of shares of Common Stock is:

ONE HUNDRED (100)

# ARTICLE V INITIAL OFFICERS/DIRECTORS

The names, titles & address of the initial officers of the Corporation Shall be:

President & Treasurer

Fernando L. Bernall

20 Hope Street

Saint Augustine, FL 32084

Vice-President & Secretary

Beth L. Meyers,

20 Hope Street

Saint Augustine, FL 32084

### ARTICLE VI REGISTERED AGENT

The name and Florida Street Address for the Registered Agent of the Corporation is:

Mr. Fernando L. Bernall 212-A San Marco Avenue Saint Augustine, FL 32084

### ARTICLE VII INCORPORATOR

The name and Address of the Incorporator is:

Mr. Fernando L. Bernall 20 Hope Street Saint Augustine, Florida 32084

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

Signature/Registered Agent

Signature/Incorporator

09/21/01 Date