

P01000122426

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

800003855888--0  
-03/16/01--01060--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HOLISTIC SOLUTIONS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

EFFECTIVE DATE  
1-1-02

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:

DEBORAH A. GREEN  
Name (Printed or typed)

1776 N. PINE ISLAND ROAD, STE 326  
Address

FORT LAUDERDALE, FL 33322  
City, State & Zip

954-523-0900  
Daytime Telephone number

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

FILED  
01 DEC 31 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6588  
WCE



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 23, 2001

DEBORAH A. GREEN  
1776 N. PINE ISLAND RD., SUITE 326  
FT. LAUDERDALE, FL 33322

SUBJECT: HOLISTIC SOLUTIONS, INC.  
Ref. Number: W01000006588

We have received your document for HOLISTIC SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

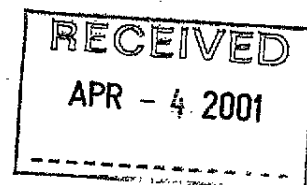
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) ~~497~~<sup>245</sup>-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 401A00017767

*Dear Ms Cunningham,*  
*I believe that the name*  
*is now available. You still have*  
*the check. Thank you.*  
*Deborah Green*



## 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: Holistic Solutions, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1860 N. Pine Island Road, Suite 108, Plantation, FL 33322

### ARTICLES III PURPOSE

The purpose for which the corporation is organized is: To provide management consulting services to health care providers.

### ARTICLE IV SHARES

The number of shares of stock is: 100

**EFFECTIVE DATE**

1-1-02

### ARTICLES V INITIAL OFFICERS/DIRECTORS(optional)

The name(s) and address(es): Martin B. Green, 1860 N. Pine Island Road, Suite 108, Plantation, FL 33322

### ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: Deborah A. Green, 1860 N. Pine Island Road, Suite 108, Plantation, FL 33322

### ARTICLES VII INCORPORATOR

The **name and address** of the Incorporator is: Deborah A. Green, 1860 N. Pine Island Road, Suite 108, Plantation, FL 33322

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Deborah A. Green  
Signature/Registered Agent

Deborah A. Green  
Signature/Incorporator

January 1, 2002  
Date

January 1, 2002  
Date

### ARTICLES VIII EFFECTIVE DATE

JANUARY 1, 2002

FILED  
01 DEC 31 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA