

P020000056874

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 21 AM 11:41

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

200005577292--3
-05/21/02--01058--010
*****70.00 *****70.00

SUBJECT:ALTERNATE HEALTH SERVICES, INC.

I enclose an original and one copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

PLEASE RETURN COMPLETED FORMS TO ADDRESS BELOW!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

SIGNED:



From:

Melrose Accounting & Tax Service, Inc.

Name

P.O. Box 1430

Address

Melrose

City

FLORIDA

State

32666

Zip

352-475-2100

Telephone Number

5/22/02
(3)

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ARTICLES OF INCORPORATION
OF
ALTERNATE HEALTH SERVICES, INC.

ARTICLE I
NAME

The name of the corporation shall be: ALTERNATE HEALTH SERVICES, INC.

ARTICLE II
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 9208 N.W. 15TH PLACE, GAINESVILLE, FL. 32606

ARTICLE III
CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50,000.

ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
JANET L. STOVER
9208 N.W. 15TH PLACE
GAINESVILLE, FLORIDA 32606

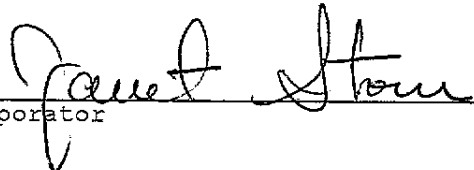
ARTICLE V
INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation is:
JANET L. STOVER
9208 N.W. 15TH PLACE
GAINESVILLE, FLORIDA 32606

ARTICLE VI
PURPOSE

The purpose of the corporation is HOLISTIC MEDICINE and any other lawful business purpose

The undersigned has executed these Articles of Incorporation this 1ST day of MAY, 2002.


Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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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: ALTERNATE HEALTH SERVICE, INC.

2. The name and address of the registered agent and office is:

JANET L. STOVER
9208 N.W. 15TH PLACE
GAINESVILLE, FLORIDA 32606

Signature: _____



Title: _____

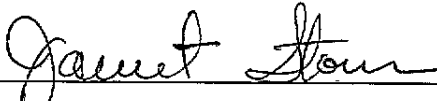
PRESIDENT

Date: _____

5/1, 2002

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.

Signature: _____



Date: _____

5/1, 2002