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122.50 - **78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E. GAIMES STREET
TALLAHASSEE, FL 32399
JUNE 24, 2002

SUBJECT: BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST LUCIE INC

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES
OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE
AMOUNT OF \$122.50.

MAIL TO: 4909 SOUTH US 1
FORT PIERCE, FL 34982

FROM: BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST LUCIE INC
139 D SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984
772-708-7026

FILED
02 JUL 19 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SE
7/20

ARTICLES OF INCORPORATION

OF

BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST LUCIE, INC.

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST LUCIE, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

139 D SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

ARTICLE III CAPITAL STOCK

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

25,000 COMMON SHARES - PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

LEE MC CASKILL
4909 SOUTH US 1
FORT PIERCE, FL 34982

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE
ARTICLE OF INCORPORATION IS(ARE):

LEE MC CASKILL
4909 SOUTH US 1
FORT PIERCE, FL 34982

MELINDA BROUGH
4909 SOUTH US 1
FORT PIERCE, FL 34982

THE UNDERSIGNED HAS(HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 15th DAY OF July, 2002

Lee McCaskill
SIGNATURE / TITLE

Melinda Brough
SIGNATURE / TITLE

CERTIFICATE OF DESIGNATION

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:

BEFORE AND AFTER WEIGHT LOSS CLINIC OF PORT ST LUCIE, INC.

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

LEE MC CASKILL
139 D SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

SIGNATURE

(CORPORATE OFFICER)

TITLE

DATE

Lee McCaskill

president

7/15/02

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 PER-
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

Lee McCaskill

7/15/02

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