

TRANSMITTAL LETTER

PO2000113619

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

SUBJECT: Ancient Techniques Medical Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500008479915--9
-10/21/02--01065--010
*****87.50 *****87.50

Enclosed are 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: Nancy Distler
Name (Printed or typed)

717 NW 8 Ct
Address

Boynton Bch, FL 33426
City, State & Zip

(561) 735-7449
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 21 PM 2:44

FILED

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

Bom 10/22

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:

Ancient Techniques Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

~~717 NW 8 Ct~~ 326 E. Palmetto PK Rd
~~Boynton Bch, FL 33426~~ Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the practice of acupuncture & Chinese herbology

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares that the corporation is authorized to have outstanding at any time is 10,000 shares of common stock having a par value of \$.01 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Nancy Distler, director
717 NW Ct Boynton Bch, FL
33426

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nancy Distler
717 NW 8 Ct
Boynton Bch, FL 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Distler
717 NW 8 Ct
Boynton Bch, FL 33426

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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

Nancy Distler
Signature/Registered Agent

10/15/02
Date

Nancy Distler
Signature/Incorporator

10/15/02
Date