

PO200012267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

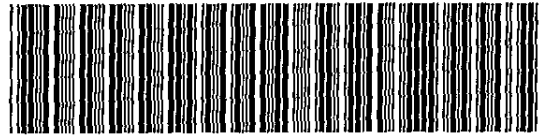
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: STRONGER - BONES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: STEPHEN G KNOWLTON
Name (Printed or typed)

39541 GROVE HEIGHTS
Address

LADY LAKE, FL 32159
City, State & Zip

(352) 259. 9439
Daytime Telephone number

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

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: **STRONGER-BONES, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **39541 GROVE HEIGHTS
LADY LAKE, FL 32159**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
DIAGNOSIS - BONE DENSITY

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
**STEPHEN G. KNOWLTON, DMD, DC
39541 GROVE HEIGHTS
LADY LAKE, FL 32159
PRESIDENT**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
**STEPHEN G KNOWLTON,
39541 GROVE HEIGHTS
LADY LAKE, FL 32159**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
**STEPHEN G KNOWLTON
39541 GROVE HEIGHTS
LADY LAKE, FL 32159**

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

Stephen G Knowlton, DMD, DC
Signature/Registered Agent

11-12-02
Date

Stephen G Knowlton, DMD, DC
Signature/Incorporator

11-12-02
Date

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TALLAHASSEE, FLORIDA