

PO2000128040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

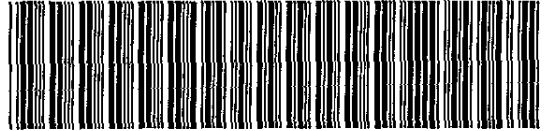
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000009144400

12/12/02--01068--013 **78.75

02 DEC -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12/12/02

TRANSMITTAL LETTER

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

SUBJECT: ORMOND HEALTH PROFESSIONALS, 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: DOUG WILHITE
Name (Printed or typed)

432 S. NOVA RD
Address

ORMOND BEACH, FL 32174
City, State & Zip

386-677-4122
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:

ORMOND HEALTH PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

555 W. GRANADA BLVD.
SUITE 25 ORMOND BEACH, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE MEDICAL, CHIROPRACTIC, WEIGHT LOSS, AND
OTHER SERVICES AS DECIDED UPON BY THE DIRECTORS.

ARTICLE IV SHARES

The number of shares of stock is:

100,000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DOUG WILHITE PRES. & TREAS.
1285 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

ARTICLE VI REGISTERED AGENT

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

DOUG WILHITE
432 S. NOVA RD.
ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUG WILHITE
432 S. NOVA RD
ORMOND BEACH, FL 32174

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

DOUG WILHITE

Signature/Registered Agent

11/26/02

Date

Signature/Incorporator

11/26/02

Date

FILED
02 DEC -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA