P03000040531

(Request	or's Name)		
(Address)		
(Address)		
(City/Stat	e/Zip/Phone #)		
PICK-UP] WAIT	MAIL	
(Business Entity Name)			
(Docume	nt Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
		!	

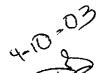
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03 APR -7 PM 3: 20 SECRETARY OF STAR



TRANSMITTAL LETTER

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

SUBJECT: (Preative Health PROPOSED CORPORA	Plans, Inc.		
	(PROPOSED CORPORA ginal and one(1) copy of the artic			
☐ \$70.00 Filing Fee	13	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Donna Talbot Name (Printed or typed)				
7556 Lake Worth Road, Ste. 102 Address Lake Worth, FL 33467 City, State & Zip				
561-762-0736 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:	FILED 03 APR -7 PM 3: 20
Creative Health Plans, Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1556 Lake Worth Road Swite 102 Mailing 13833 Swite 20	e-4 Wellington trace
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	on FC 33414
Health Care Savings and Prescription Savi	ngs Plans
ARTICLE IV SHARES The number of shares of stock is: 2000	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Donna L. Talbot P/sec. Jonathan S. Kanfer 1814 Tulip Lane 4363-C Willow Pond Wellington, PC 33414 West Palm Beach, F	NP/Treas. IRd. Z 33417
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Donna L. Talbot 1556 Lake Worth Road Swife 163	
LAW WORTH, FC 33467 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Donna L. Talbot 1556 Lake worthload Stute 102 Lake worth, FC 33467	

Haying been named as registered agent to accept service of process for the above stated corporerificate, I am familiar with and accept the appointment as registered agent and agree to act	
Koma Lalat	3/3//13
Signature/Registered Agent	Date
String LACOT	3/31/03
Signature/Incorporator	Date