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FLORIDA PROFIT CORPORATION OR P.A.

WELLNESS CENTER OF SOUTH MIAMI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

WELLNESS CENTER OF SOUTH MIAMI, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5800 SW 73 AVE. Miami, Florida 33143

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is,

CATHERINE HENSLEY 5800 SW 73 AVE. Miami, Florida 33143

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

CATHERINE HENSLEY 5800 SW 73 AVE. Miami, Plorida 33143

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ARTICLE VI - DURECTOR

The name and street address of the directors to these Articles of Incorporation is:

CATHERINE HENSLEY 5800 SW 73 AVE. Miami, Florida 33143

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LAZARUS CORPORATION FAX:3052201440 H 0 3 0 0 0 1 8 7 6 6 6

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of sections 607.0501 or 617.0501. 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: WELLNESS CENTER OF SOUTH MIAMI, INC
- 2. The name and address of the registered agent and office is:

CATHERINE HENSLEY 5800 SW 73 AVE. Miami, Florida 33143

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Catharine Days

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