

**P04000040727**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : INCORPORATETIME.COM, INC.  
Account Number : I19990000221  
Phone : (631) 218-1510  
Fax Number : (631) 589-2848

**FLORIDA PROFIT CORPORATION OR P.A.**

**Tampa's Healthcare/Spa Institute, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE  
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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

***THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,  
HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.***

**ARTICLE I -NAME**

THE NAME OF THE CORPORATION SHALL BE:

Tampa's Healthcare/Spa Institute, Inc.

**ARTICLE II -PRINCIPAL OFFICE**

The principal place of business & mailing address of this corporation shall be

7911 Spring Valley Drive  
Tampa, FL 33615

**ARTICLE III -PURPOSE**

The Purpose for which the corporation is organized is:

Chiropractic, Physiotherapy, Nutrition and Spa services.

**ARTICLE IV -SHARES**

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

2,000 shares at \$.01 par value

**ARTICLE V -INITIAL OFFICERS/DIRECTORS:**

President/Director: Lennese M. Underwood, 7911 Spring Valley Drive, Tampa, FL  
33615

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ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Lennese Underwood  
7911 Spring Valley Drive, Tampa, FL 33615

ARTICLE VII - INCORPORATOR:

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

Lennese Underwood  
7911 Spring Valley Drive  
Tampa, FL 33615

Lennese Underwood  
Lennese Underwood, Incorporator

3/3/04  
Date

Having been named registered agent and to accept service of process for the above stated corporation as 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.

Lennese Underwood  
Lennese Underwood, Registered Agent

3/3/04  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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