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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

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

**physicians for weight loss center, inc.**

Certificate of Status	0
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The Corporation shall initially have two (2) director(s) to hold office until the first annual meeting of shareholders and successors to said directors shall have been duly elected and qualified, or until the earlier resignation, removal from office, or death of said directors. The number of directors may be either increased or decreased from time to time in accordance with the Bylaws of the Corporation. The names and addresses of the initial directors of the Corporation :

NAME

ADDRESS

Larry Gilderman

4800 North 31<sup>st</sup> Court  
Hollywood, Florida 33019

Christopher Weiss

1692 NE Seahorse Place  
Jensen Beach, Florida 34957

**ARTICLE VII  
INCORPORATOR**

The name and address of the person signing these Articles is:

NAME

ADDRESS

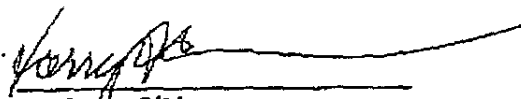
Larry Gilderman

4800 North 31<sup>st</sup> Court  
Hollywood, Florida 33019

**ARTICLE VIII  
AMENDMENTS**

The power to amend these Articles of Incorporation in accordance with law is reserved to the shareholders. Any right conferred upon any shareholder by these Articles of Incorporation is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 8 day of November, 2004.

  
Larry Gilderman

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STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared LARRY GILDERMAN who is personally known to me and who did take an oath, who is described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed these Articles of Incorporation.

WITNESS my hand and official seal in the county and state last aforesaid, this 8 day of November, 2004.



Rose A. de Armas  
My Commission DC182678  
Expires April 12, 2007

*Rose A. de Armas*

Name: \_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

(Seal)

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of Physicians For Weight Loss Center, Inc., as made in the foregoing Articles of Incorporation.

DATE: November 8, 2004

*Larry Gilderman*

Larry Gilderman

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