

P05000013599

Division of Corporations

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## 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

2005 JAN 26 AM 9:57  
ALLAHSEE FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

### Lake Nona Health Group Inc

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

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1/27/05

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2005 JAN 26 AM 9: 57

**ARTICLES OF INCORPORATION**

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:

Lake Nona Health Group Inc

**ARTICLE II -PRINCIPAL OFFICE**

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

69 Kingly Crest Way  
Toronto, Ontario

**ARTICLE III -SHARES**

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

2000 shares at \$.01 par value

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

President/Director: Philip Palmer, 69 Kingly Crest Way, Toronto, Ontario

Vice President: Josie Accardo 69 Kingly Crest Way Toronto, Ontario

Treasurer: Rose Gaudio 14824 Mount Hope Road, Caledon Ontario L7E-5R8

Secretary/Director: Grant Palmer, RR1 Box 1 Sudbury, Ontario P0M-1A0

**ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Philip Palmer  
9700 Loblolly Pine Circle  
Orlando, FL 32827

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ARTICLE VI-INCORPORATOR:

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

Kerry Walsh  
35 Carleton Avenue  
Islip Terrace, NY 11752

KWalsh

Kerry Walsh, Incorporator

1/26/05  
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.

[Signature]

Philip Palmer, Registered Agent

January 25/05  
Date

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STATE  
TALLAHASSEE FLORIDA

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