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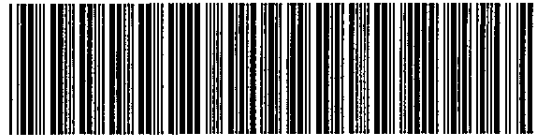
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2005 FEB 14 P M. 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

DATE  
02/09/05

Re: Accupuncture Healing Solutions, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.



(Individual's Name)  
Dr. Zafer Sabawi, AP

Accupuncture Healing Solutions, Inc.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
P.O. Box 1869		
Inverness, FL. 34451		
PHONE		
(352 )	351-4299	
Area Code	Number	Ext.

# ARTICLES OF INCORPORATION

of

Accupuncture Healing Solutions, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Accupuncture Healing Solutions, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
200 SW 8th Street, Suite #C			
CITY	Ocala	FLORIDA	ZIP 34474

Mailing address, if different

STREET ADDRESS			
P.O. Box 1869			
CITY	Inverness	FLORIDA	ZIP 34451

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Dr. Zafer Sabawi, AP		
ADDRESS	200 SW 8th Street, Suite #C		
CITY	Ocala	FLORIDA	ZIP 34474

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Dr. Zafer Sabawi, AP		
ADDRESS	200 SW 8th Street, Suite #C		
CITY	Ocala	STATE	Florida
		ZIP	34474
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Dr. Zafer Sabawi, AP		
ADDRESS	200 SW 8th Street, Suite #C		
CITY	Ocala	STATE	Florida
		ZIP	34474
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 9th day of February, ~~XX~~ 2005.

 (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

Accupuncture Healing Solutions, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

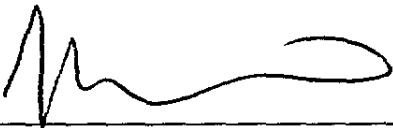
at 200 SW 8th Street, Suite #C

Ocala, FL. 34474

has named Dr. Zafer Sabawi, AP

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

2-9-05

(Date)

FILED  
2005 FEB 14 PM 2:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE