

Account Name : ROGERS, TOWERS, BAILEY, ET AL Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

FLORIDA PROFIT/NON PROFIT CORPORATION

Dr. Wind's Medical Day Spa, Inc.

Certificate of Status	0
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No. 0263 P. 2

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ARTICLES OF INCORPORATION OF DR. WIND'S MEDICAL DAY SPA, INC.

ARTICLE I - NAME

FILED SS TALLAHASSEE FLURIF The name of the corporation is Dr. Wind's Medical Day Spa, Inc. (the "Corporation").

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the Corporation is 2320 Parrish Cemetery Road, Building 800, Jacksonville, Florida 32221.

ARTICLE III - CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of common stock, all of which shall be of the par value of \$1.00 per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 2320 Parrish Cemetery Road, Building 800, Jacksonville, Florida 32221, and the name of its initial registered agent at such address is Amir Wind.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of this Corporation shall be one and the name and address of such person who is to serve as member thereof are:

NAME

ADDRESS

Amir Wind

2320 Parrish Cemetery Road, Building 800 Jacksonville, Florida 32221

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator are Amir Wind, 2320 Parrish Cemetery Road, Building 800, Jacksonville, Florida 32221.

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ARTICLE VII - AMENDMENT

This Corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this $\underline{\frown}$ day of $\underline{\frown}$, 2006.

Amir Wind, Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named 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 Dr. Wind's Medical Day Spa, Inc.

2. The name and address of the registered agent and office are Amir Wind, 2320 Parrish Cemetery Road, Building 800, Jacksonville, Florida 32221.

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.

Amir Wind, Registered Agent

Date: March 9, 2006

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