

PO 6000056993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

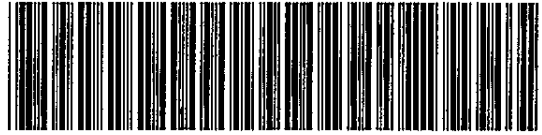
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200069910282

**EFFECTIVE DATE**  
04-19-06

04/17/06 02:00 PM \*\*\*7.00

05 APR 21 PM 1:06  
STATE BAR FOR CALIF.  
OFFICE OF THE CLERK

**COVER LETTER**

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

SUBJECT: NUTRITION MEDICAL CENTERS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: MARVIN REINBERG MD  
Name (Printed or typed)

5405 Okeechobee BLVD  
Address

WEST PALM BEACH FL 33417  
City, State & Zip

561 486-9900  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter-607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE DATE 4-19-2006

**ARTICLE I NAME**

The name of the corporation shall be:

NUTRITION MEDICAL CENTERS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5405 Okeechobee Blvd  
WEST PALM BEACH, FL 33417  
SUITE 303

EFFECTIVE DATE  
04-19-06

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS  
SPECIFICALLY "MEDICAL BUSINESS"

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 (ONE THOUSAND)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PRESIDENT M. REINBERG MD  
VICE PRESIDENT M. REINBERG MD  
TREASURER M. REINBERG MD  
SECRETARY M. REINBERG MD

STATE OF FLORIDA  
DIVISION OF CORPORATE  
REGISTRATION  
06 APR 21 PM 1:06

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

M. REINBERG MD  
5405 Okeechobee Blvd  
WEST PALM BEACH, FL 33417 SUITE 303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

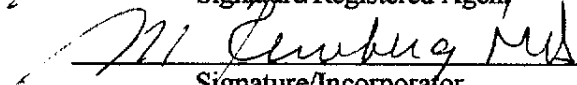
M. REINBERG MD  
5405 Okeechobee Blvd  
WEST PALM BEACH, FL 33417  
SUITE 303

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

4-19-2006  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4-19-2006  
\_\_\_\_\_  
Date

MARVIN REINBERG MD