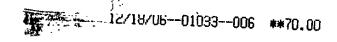
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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07 JAN -2 PM 1:43

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FAIT ALLOS OF COST ST

December 18, 2006

TIMOTHY W. MACKEY 9157 MONTGOMERY RD CINCINNATI, OH 45242

SUBJECT: FLORIDA INSTITUTE OF HEALTH & WELLNESS, INC.

Ref. Number: W06000054256

We have received your document for FLORIDA INSTITUTE OF HEALTH & WELLNESS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 306A00071572

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COVER LETTER

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

SUBJECT: Flor	ida Institute of Health &	Wellness, Inc.	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
	g u u (1) 0 4p, 0 1 110 11.	F	
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
,;v		ADDITIONAL CO	Status NEV REQUIRED
ADDITIONAL COLL			
FROM: T	imothy W. Mackey		
110141.	Name ((Printed or typed)	
	9157 Montgomery Road		
	A	ddress	
	Cincinnati, OH 45242		
	City,	State & Zip	
	/513\271 3600		
	(513)271-3690	elenhone 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)

ARTICLE I NAME

The name of the corporation shall be:

West Coast Weight Centers, Inc.

ARTICLE II ___PRINCIPAL OFFICE

The principal place of business/mailing address is:

3165 McMullen-Booth Road, Suite H Clearwater, FL 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Medical Practice

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

David A. Nail 8419 Sunstate Street

Tampa, FL 33634

David a Nif

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Timothy W. Mackey 9157 Montgomery Road Cincinnati.OH 45242

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

Signature/Registered Agent

12/14/06

Date

Signature/Incorporator

12/14/06

Date