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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

## COVER LETTER

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

SUBJECT: Florida Institute of Health & Wellness, 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: Timothy W. Mackey  
Name (Printed or typed)

9157 Montgomery Road  
Address

Cincinnati, OH 45242  
City, State & Zip

(513)271-3690  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

West Coast Weight Centers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling 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 Nail

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Timothy W. Mackey  
9157 Montgomery Road  
Cincinnati, OH 45242

T. Mackey

\*\*\*\*\*

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

David A Nail

Signature/Registered Agent

12/14/06

Date

T. Mackey

Signature/Incorporator

12/14/06

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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