

P07000057231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

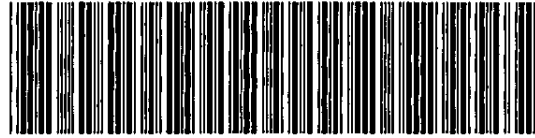
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2007 MAY 11 A 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-15-07
10-51-07

COVER LETTER

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

SUBJECT: HealthGain Clinics, 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: Richard Gaines, M.D.

Name (Printed or typed)

3389 Sheridan Street #439

Address

Hollywood, Florida 33021

City, State & Zip

954 962 5858

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:

HealthGain Clinics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2699 Stirling Road Suite B101
Fort Lauderdale, Florida 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Age Management Medicine

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard Gaines, M.D.
3389 Sheridan Street #439
Hollywood, FL 33021
Owner/President

ARTICLE VI REGISTERED AGENT

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

Richard Gaines, M.D.
3389 Sheridan Street #439
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Gaines, M.D.
3389 Sheridan Street #439
Hollywood, FL 33021

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

Signature/Incorporator

5-3-07

Date

5-3-07

Date

FILED
2007 MAY 11 A 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA