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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000150  
Phone : (800)494-3124  
Fax Number : (561)455-9885

**FLORIDA PROFIT/NON PROFIT CORPORATION****INTEGRATIVE TREATMENT OPTIONS, INC.**

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DIVISION OF CORPORATION

5/22/08

H-08000134607-3

## **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:

INTEGRATIVE TREATMENT OPTIONS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2459 IXORA AVE

SARASOTA, FLORDIA 34234

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT

L. SKY MANNING, PSYD

2459 IXORA AVE

SARASOTA, FLORDIA 34234

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PAGE 2 INTEGRATIVE TREATMENT OPTIONS, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

L. SKY MANNING, PSYD  
2459 IXORA AVE  
SARASOTA, FLORDIA 34234

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

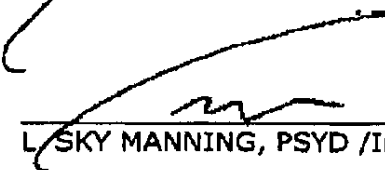
L. SKY MANNING, PSYD  
2459 IXORA AVE  
SARASOTA, FLORDIA 34234.

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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.

  
\_\_\_\_\_  
L. SKY MANNING, PSYD / Registered Agent

5-20-08  
Date

  
\_\_\_\_\_  
L. SKY MANNING, PSYD /Incorporator

5-20-08  
Date