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## **COVER LETTER**

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

SUBJECT: HealthACT, Inc.		
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	DPY REQUIRED
	(Printed or typed)	
5538 E. county road 400	OS. address	
Logansport, IN 46947 City,	State & Zip	
574 727 6000 Daytime Te	elephone number	
angiescurves04@yahoo. E-mail address: (to be used	com for future annual report	notification)

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)

The purpose for which the corporation is organized is:  Fitness Facility  ARTICLE IV SHARES The number of shares of stock is:1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Informas D. Wisler vice pres. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, Fl. 33919  Name and Title: Address: Angela S. Wisler Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Address: Angela S. Wisler Andress: Angela S. Wi	ARTICLE I The name of the o	HealthACT, Inc corporation shall be:			
Principal street address   S472 Capbern Ct.   S538 E. Sounty road 400 S.	ARTICLE II	PRINCIPAL OFFICE			
ARTICLE IV SHARES The purpose for which the corporation is organized is: Fitness Facility  ARTICLE IV SHARES The number of shares of stock is 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Incomas D. Wisler_vice press. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Capbern Ct. Fort Myers, FL 33919  Name and Title: Lucinda S. Pownell vice press. Address: 5472 Capbern Ct. Address: 5472 Capbern Ct. Fort Myers, FL 33919  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lucinda S. Pownell Address: 5472 Capbern Ct. Fort Myers, FL 33919  ARTICLE VI INCORPORATOR The name and florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lucinda S. Pownell Address: 5472 Capbern Ct. Fort Myers, FL 33919  ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  Having been named as registered agent that the facts stated herein are true. I am aware that the fake information submitted in a designatur to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.  And In this document and affirm that the facts stated herein are true. I am aware that the fake information submitted in a designatur to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.				Mailing address,	if different is:
ARTICLE IV SHARES The purpose for which the corporation is organized is:  Fitness Facility  ARTICLE IV SHARES The number of shares of stock is 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Thomas D. Wisler. vice pres. Address: 5538 E. county road 400 S. Address: 5538 E. county road 400 S. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, FL. 33919  Name and Title: Address: Address: Address:  Address: Address:  Address: Address:  Address: 5472 Caphern Ct. Fort Myers, FL. 33919  ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 5472 Caphern Ct. Fort Myers, FL. 33919  ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  Logansport, IN 46947  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  Logansport, IN 46947  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  Logansport, IN 46947  Logansport and Title: Address:  Address: 5538 E. county road 400 S. Logansport and			_5	538 E. county road	400 S.
The purpose for which the corporation is organized is:  Fitness Facility  ARTICLE IV SHARES The number of shares of stock is:1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Inomas D. Wissler vice pres. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell. vice pres. Address: 5472 Caphern Ct. Fort Myers, Fl. 33919  Name and Title: Address:		Fort Myers, FL 33919	1	ogansport, IN 4694	7
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The purpose for which the corporation is organized is:  Fitness Facility  ARTICLE IV SHARES The number of shares of stock is:1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Informas D. Wisler vice pres. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, Fl. 33919  Name and Title: Address: Angela S. Wisler Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Andress: Angela S. Wisler Address: Angela S. Wisler Andress: Angela S. Wi					
ARTICLE IV SHARES The number of shares of stock is 1000  ARTICLE V INITAL OFFICERS AND/OR DIRECTORS  Name and Title: Homas D. Wisler vice pres. Address: 5538 E. county road 400 S. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, FL 33919  Name and Title: Address: Address: Address: Address: Address: Address:  Address: Address: Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lucinda S. Pownell Address: 5472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR  The name and address of the incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  Auxil J. Auxil View President  Required Signature/Registered Agent  103/04/2011  Required Signature/Registered Agent  O3/04/2011  Date  1 submit this document and affirm that the facts stated herein are true. I am aware that the fate information submitted in addressiment to the Department of State formitiates a third degree felony as provided for in s.817.155, F.S.					58 <b>#</b> **
ARTICLE IV SHARES The number of shares of stock is 1000  ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS  Name and Title: Thomas D. Wisler vice pres. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Capbern Ct. Fort Myers, FL 33919  Name and Title: Address: Address: Address: Address: Address:  Address: Address: Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lucinda S. Pownell Address: 5472 Capbern Ct. Fort Myers, FL 33919  ARTICLE VI INCORPORATOR  The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  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  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  Lucine Signature Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the fake information submitted in a deciment to the Department of State fonsititutes a third degree felony as provided for in s.817.155, F.S.  Agent					
ARTICLE IV SHARES The number of shares of stock is 1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Inomas D. Wisler vice pres. Name and Title: Angela S. Wisler president Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Name and Title: Angela S. Wisler president Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Name and Title: Address: 5472 Caphern Ct. Address: State 1 Lucinda S. Pownell Address: State 1 Address: State 1 Lucinda S. Pownell Address: Diagnaport, IN 46947  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  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  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  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 an	Fitness Fac	ility			
The number of shares of stock is 1000  ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS  Name and Title: Thomas D. Wisler vice pres.					(41, 41)
The number of shares of stock is:1000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Thomas D. Wisler vice pres. Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, FL 33919  Name and Title: Address: S472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  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  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  Lucin Address: Address: O3/04/2011  Date 1 submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a deciment to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.					
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Name and Title: Thomas D. Wisler vice pres.  Name and Title: Thomas D. Wisler vice pres.  Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres.  Name and Title: Lucinda S. Pownell vice pres.  Address: 5472 Caphern Ct. Fort Myers, FL 33919  Name and Title:  Address: Address:  Name and Title: Address: Address:  Addre	ARTICLE IV	SHARES			
Name and Title: Thomas D. Wisler vice pres.  Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, FL 33919  Name and Title: Address:  Name and Title: Address:  Name and Title: Address:  Address:  Name and Title: Add	The number of sh	nares of stock is:1000			,>
Address: 5538 E. county road 400 S. Logansport, IN 46947  Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Address: Fort Myers, FL 33919  Name and Title: Address: S472 Caphern Ct. Eort Myers, FL 33919  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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  Lucinds S. Furnall Vice Precident 03/04/2011  Required Signature/Registered Agent 1 Date  I submit this document and affirm that the facts stated herein are true. I am aware that the fabse information submitted in adocument to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.					
Name and Title: Lucinda S. Pownell vice pres. Address: 5472 Caphern Ct. Fort Myers, FL 33919  Name and Title: Address: S472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: Angela S. Wisler A		Title: I homas D. Wisler vice pres.	Name a	nd Title: Angela S. V	visier president
Name and Title: Lucinda S. Pownell vice pres Name and Title: Address: 5472 Caphern Ct. Address: Fort Myers, FL 33919  Name and Title: Name and Title: Address: S472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road 400 S. Logansport, IN 46947  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    Main	Address:				
Address:  Fort Myers, FL 33919  Name and Title: Address:  Name and Forida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Lucinda S. Pownell Address: 5472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road. 400 S. Logansport, IN 46947  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  Acceptable  Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in addressed to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.  03/04/2011		Logansport, IN 46947		Logansport,	IN 40947
Address:  Fort Myers, FL 33919  Name and Title: Address:  Name and Forida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Lucinda S. Pownell Address: 5472 Caphern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road. 400 S. Logansport, IN 46947  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  Acceptable  Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in addressed to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.  03/04/2011	Name and	Title Lucindo S. Downoll, vice pres	Name a	nd Title:	
Name and Title: Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Article vi Registered address (P.O. Box NOT acceptable) of the registered agent is:  Name: Lucinda S. Pownell Address: 5472 Capbern Ct. Fort Myers, Fl. 33919  ARTICLE vii INCORPORATOR  The name and address of the Incorporator is:  Name: Angela S. Wister Address: 5538 E. county road 400 S. Logansport, IN 46947  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  According to the Incorporator of State Constitutes a third degree felony as provided for in s.817.155, F.S.  03/04/2011		5472 Caphern Ct	Address	nd Title	
Name and Title: Address:  Name: Lucinda S. Pownell Address:  5472 Capbern Ct. Ent Myers, Fl. 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Angela S. Wisler Address: 5538 E. county road. 400 S. Logansport, IN 46947  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  Accepted Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in addressed in the place of the constitutes a third degree felony as provided for in s.817.155, F.S.  Address:  O3/04/2011	714410357	Fort Myers FL 33919			
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Lucinda S. Pownell  Address: 5472 Caphern Ct.  Fort Myers, Fl. 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Angela S. Wisler  Address: 5538 E. county road. 400 S.  Logansport, IN 46947  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  Accepted Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  O3/04/2011		TOTAL STATE OF THE		•	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Lucinda S. Pownell  Address: 5472 Caphern Ct.  Fort Myers, Fl. 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Angela S. Wisler  Address: 5538 E. county road. 400 S.  Logansport, IN 46947  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  Accepted Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  O3/04/2011	Name and	Title:	Name a	nd Title:	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Lucinda S. Pownell  Address: 5472 Capbern Ct. Fort Myers, Fl. 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Angela S. Wister  Address: 5538 E. county road 400 S. Logansport, IN 46947  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  Accepted Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  O3/04/2011			Address	3:	
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Name: Lucinda S. Pownell Address: 5472 Capbern Ct. Fort Myers, FL 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Angela S. Wister Address: 5538 E. county road 400 S. Logansport, IN 46947  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  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.  O3/04/2011		··········			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Angela S. Wisler  Address: 5538 E. county road 400 S.  Logansport, IN 46947  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    Accepted   Vice present   03/04/2011     Required Signature/Registered Agent   Date     I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				ered agent is:	
Fort Myers, FL 33919  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Angela S. Wisiter Address: 5538 E. county road 400 S. Logansport, IN 46947  Having been named as registered agent to accept service of process for the above stated corporation at the place designated is this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Accepted Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  O3/04/2011					
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Name: Angela S. Wisler Address: 5538 E. county road. 400 S. Logansport, IN 46947  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    Vice president	ARTICLE VII	INCORPORATOR			
Address: 5538 E. county road 400 S. Logansport, IN 46947  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   Signature   County 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    O3/04/2011		<del></del>			
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    Compared   Compared   Compared					
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Compared   Compared   Compared   O3/04/2011     Required Signature/Registered Agent   Date    I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.    O3/04/2011   O3/04/2011   O3/04/2011   O3/04/2011   O3/04/2011		Logansport, IN 46947			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  03/04/2011					
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document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.  03/04/2011	I submit this doc				nformation submitted in a
	document to the	Department of State constitutes a third degree felo	ony as provid	led for in s.817.155, F.S.	
	12.0.	X. 11/10/10 / 2000	10.7	\	13/04/2011
	~ yua	Required Signature/Incorporator	will	<u></u>	Date