



**COVER LETTER**

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

**SUBJECT: HealthACT, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Tom and Angie Wisler**  
Name (Printed or typed)

**5538 E. county road 400 S.**  
Address

**Logansport, IN 46947**  
City, State & Zip

**574 727 6000**  
Daytime Telephone number

**angiescurves04@yahoo.com**  
E-mail address: (to be used 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)

**ARTICLE I NAME** HealthACT, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
5472 Capbern Ct.  
Fort Myers, FL 33919

Mailing address, if different is:  
5538 E. county road 400 S.  
Logansport, IN 46947

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Fitness Facility

FILED  
11 MAR 29 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name and Title: Angela S. Wisler president  
Address: 5538 E. county road 400 S. Address: 5538 E. county road 400 S.  
Logansport, IN 46947 Logansport, IN 46947

Name and Title: Lucinda S. Pownell vice pres. Name and Title: \_\_\_\_\_  
Address: 5472 Capbern Ct. Address: \_\_\_\_\_  
Fort Myers, FL 33919 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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 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

Lucinda S. Pownell / vice president 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.

Angela S. Wisler / president 03/04/2011  
Required Signature/Incorporator Date