

P95000000084

Sean M. Smartley
1000 41st Avenue N.
St. Petersburg, FL 33703

December 28, 1994

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
94 DEC 30 PM 2:23

RE: Articles of Incorporation for A Touch of Health, Inc.

Dear Sirs:

Please find enclosed the original and one copy of the
Articles of Incorporation for A Touch of Health, Inc.
Also find a check for \$122.50 representing payment for the
filing of the Articles of Incorporation, registered agent
and a certified copy.

Please feel free to contact me with any questions.

Sincerely,


Sean M. Smartley

000001366720
-01/03/95--01012--004
***122.50 ***122.50

KON 1-3

94 DEC 30 PM 2:23

ARTICLES OF INCORPORATION
OF

A TOUCH OF HEALTH, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
A TOUCH OF HEALTH, INC.

The principal place of business of this corporation shall be:

**203 S. Moody Avenue
Tampa, FL 33609**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock having a par value of \$2.00 per share. The Board of Directors is authorized to issue "Section 1244 Stock" as defined by Section 1244 of the Internal Revenue Code.

ARTICLE IV TERMS OF EXISTENCE

This corporation is to exist perpetually, unless dissolved according to Florida Law.

ARTICLE V OFFICERS & DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Officers and Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Officer/Director, initially. The name and street address of the initial Officer/Director is:

**Rita Neumann
President**

**203 S. Moody Avenue
Tampa, FL 33609**

ARTICLE VI INCORPORATORS

The name(s) and street address of the incorporator(s) to these articles of incorporation are:

Rita Neumann
203 S. Moody Avenue
Tampa, FL
33609

ARTICLE VII REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be: 203 S. Moody Avenue
Tampa, FL
33609

The name of the initial registered agent of the corporation, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

Rita Neumann

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21, day of December, 19 94.

Signature of Incorporator

Rita Neumann

STATE OF FLORIDA
COUNTY OF Hillsborough

THE FOREGOING instrument was acknowledged and sworn to before me this 21 day of December, 19 94,
by Rita Neumann,
(Name of Incorporator)
of A Touch of Health, Inc.
(Name of Corporation)

Veronica Rupert
Notary Public

Dec 12, 1998

My Commission Expires:

Produced As

Fla DLN.550720529060



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

A Touch of Health, Inc.

2. The name and address of the registered agent and office is:

Rita Neumann

203 S. Moody Avenue
(P.O. Box Not Acceptable)
Tampa, FL 33609
(City/State/Zip)

SIGNATURE Rita Neumann
(Corporate Officer)
TITLE President
DATE 12-21-94

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Rita Neumann
DATE 12-21-94

SECOND PRIZE CORPORATION WILL BE DISCLOSED ON OR AFTER AUGUST 8, 1994.
AMOUNT DUE ON OR BEFORE APRIL 15, 1994 IS \$100,000.00. AMOUNT DUE TO REINSTATE: \$250.

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG 18 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000000084 (0)**

1. Corporation Name

A TOUCH OF HEALTH, INC.

Principal Place of Business

**303 S. MOODY AVENUE
TAMPA FL 33609**

Mailing Address

**303 S. MOODY AVENUE
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3296384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**NEUMANN, RITA
303 S. MOODY AVENUE
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
NEUMANN, RITA
303 S. MOODY AVENUE
TAMPA FL 33609**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rita Neumann
RITA NEUMANN

Date

Daytime Phone

8-1-95 (813) 823-7118

CR2E034 (3/95)