

P95000029385

TRANSMITTAL LETTER

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

3000001453803  
-04/11/95--01077--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: THE PURSUIT OF HEALTH, INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Wendee M. Whittaker  
Name (printed or typed)

2321 Sylvan Court

Address

Tallahassee Florida 32303-3700

City, State & Zip

904-386-6572

Daytime Telephone number

REGISTER APR 14 1995

FILED  
55 APR 10 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

FILED  
95 APR 10 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: The Pursuit of Health, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2321 Sylvan Court  
Tallahassee Florida 32303-3700

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wendee M. Whittaker  
2321 Sylvan Court  
Tallahassee FL 32303-3700

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Wendee M. Whittaker  
2321 Sylvan Court  
Tallahassee FL 32303-3700

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Sixth day of April, 1995.

Wendee M. Whittaker

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: The Pursuit of Health, Inc.

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

Wendee M. Whittaker

(Name)

2321 Sylvan Court

(P.O. Box or Mail Drop Box **NOT** acceptable)

Tallahassee FL 32303-3700

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Wendee M. Whittaker  
(Signature)

April 6, 1995

(Date)

FILED  
APR 10 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

P95000029385 11-2-96

RE: P95000029385

The Pursuit of Health Inc.

Please change the address of the Above referenced Corporation to:

P.O. Box 10385

Tallahassee FL 32302

Thank You.

Wendee M. Whitaker, President  
The Pursuit of Health Inc.

904-942-7163

Wpd 5/6 D  
RA chg form

# P95000029385

PO Box 10385

Tallahassee

32302

900001833329

-05/21/96--01170--013

\*\*\*\*\*35.00 \*\*\*\*\*35.00

City/State/Zip

Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 MAY 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.O.  
Change  
5/29/96

DC

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: The PURSUIT OF Health, Inc.

1b. The mailing address of the corporation is: P.O. Box 10385 ; Tallahassee, FL 32302

1c. Date of incorporation: 4-10-95 Document number: P95000029385

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

Wendee M. Whittaker

811 Delores Drive

Tallahassee FL 32301

3. The name and address of the new registered agent and office: (P.O. Box Not Allowed)

Wendee M. Whittaker

2993-D Woodrich Drive

Tallahassee FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Wendee M. Whittaker  
(Signature of an officer, chairman or vice chairman of the board)

5-14-96

(Date)

Wendee M. Whittaker, President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Wendee M. Whittaker  
(Signature of Registered Agent)

5-14-96

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

P95000029385

January 29, 1997

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

I have enclosed articles of dissolution and a check for \$35 for

The Pursuit of Health Inc  
59-3323278  
Incorporated 4/10/95

As requested my name & phone:

Wendee M. Whittaker, President  
Tallahassee, Florida  
904-561-5688 (w)  
904-656-9477 (h)

100002074761--3  
-01/31/97--01041--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Diss.  
SH 3/6

FILED  
97 JAN 31 PM 2:06  
TALLAHASSEE, FLORIDA



## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is <sup>(THE)</sup> PURSUIT OF HEALTH, INC.

SECOND: The articles of incorporation were filed on 4/10/95.

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 19 day of January, 19 97.

Signature Wendee M. Whittaker  
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

WENDEE M. WHITTAKER  
(Typed or printed name)

PRESIDENT  
(Title)

FILED  
97 JAN 31 PM 2:06  
TALLAHASSEE, FLORIDA