LAW OFFICES

SETH STOPEK, P.A.

FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD - SUITE 2350
MIANI TEORIDA 13131

(305) 377.1801 • FAX (305) 379 2328
(100) (100)

June 23, 1995

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Center for Nutrition and Weight Loss, Inc.

Gentlemen:

Enclosed herewith for filing are the Articles of Incorporation of the above, together with the filing fee of \$135.00. Please return a copy of the Articles stamped file to this office.

MAK you

JUN 2 8 1995 BSB

Seth Stopek

SS:cb Enclosure

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ARTICLES OF INCORPORATION OF CENTER FOR NUTRITION AND WEIGHT LOSS, INC.

95 JUN 27 FM 2: 25

The undersigned, acting as incorporator, signs the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I

The existence of the corporation shall commence upon the filing of these Articles of Incorporation by the Department of State and shall be perpetual.

ARTICLE II

The existence of the corporation shall commence upon the filing of these Articles of Incorporation by the Department of State and shall be perpetual.

ARTICLE III

The corporation may engage in any and all businesses and activities permitted by the laws of the State of Florida. The corporation shall have all of the powers vested in a corporation organized under and existing by virtue of such laws.

ARTICLE IV

The maximum number of shares which the Corporation shall have authority to issue shall be 10,000 shares of common stock with a par value of \$1.00 per share.

ARTICLE V

The initial registered agent and street address of the initial registered office of the corporation shall be:

PROFESSIONAL REGISTERED AGENT CORP. c/o Seth Stopek, P.A. 200 South Biscayne Boulevard Suite 2350 Miami, Florida 33131

ARTICLE VI

The name and address of the incorporator of the corporation is:

PROFESSIONAL REGISTERED AGENT CORP. c/o Seth Stopek, P.A. 200 South Biscayne Boulevard Suite 2350 Miami, Florida 33131

ARTICLE VII

The mailing address of the corporation shall be:

Suite 600 6280 Sunset Drive Miami, Florida 33143

Executed at Miami, Florida this 2314 day 400, 1995.

PROFESSIONAL BEGISTERED AGENT CORP.

By: President

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of Center for Nutrition and Weight Loss, Inc., the undersigned accepts such appointment and agrees to act in such capacity.

Dated this 23th day of Mun. 1995.

PROFESSIONAL ADGISTERED AGENT CORP.

By: ////
President

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SETH STOPEK, P.A.

FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD - SUITE 2350 MIAMI FLORIDA 33131

(305) 377-1801 + FAX (305) 379-2328

June 10, 1996

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Center for Nutrition and Weight Loss, Inc.

Our File No. 7911

*****35.00 *****35.00

Gentlemen:

Enclosed herewith you will find two executed originals of Articles of Amendment to the Articles of Incorporation to the above together with the filing fee of \$35.00.

Please return your certificate.

Sincerely

SS:eb **Enclosures**

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ARTICLES OF AMENDMENT TO

ARTICLES OF INCORPORATION OF

96 JUN 13 PH 2 SECRETA 1 (F 5 TALLAHASSEE, FLI

CENTER FOR NUTRITION AND WEIGHT LOSS, INC.

1. Article I of the Articles of Incorporation of CENTER FOR NUTRITION AND WEIGHT LOSS, INC., a Florida corporation, is hereby amended and restated in its entirety to read as follows:

ARTICLE 1: The name of this corporation shall be

MEDICAL NUTRITION CENTER, INC.

2. The foregoing Amendment was adopted unanimously by the stockholders and directors of this Corporation on April 2, 1996.

IN WITNESS WHEREOF, the undersigned President and Secretary of this Corporation have executed thes. Articles of Amendment this 5 day of April, 1996. Secretary STATE OF FLORIDA) ss. COUNTY OF DADE The foregoing instrument was acknowledged before me this 5 day of April, 1996, by James Leavitt and Howard Schwartz , President and Secretary of Center for Nutrition and Weight Loss, Inc., a Florida corporation, on behalf of the corporation. They are personally known to me and did take an oath. who k personally known to me, or who has produced ___ as identification. ALISON MORRISON NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO CC324522 MY COMMISSION EXP. OCT 26,1997

Printed Name of Notary