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TRANSMITTAL LETTER

FILED 95 JUN 28 AM 10 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

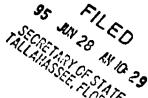
Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314

SUBJECT: HYPNOSIS CENTERS OF FLORIDA, INC. (Proposed corporate name - must include suffix)

Enclosed is an originator:	i and one (1) c	opy of the articles o	f incorporation	and a checi	K
#70.00 Filing Fee	#78.75 Filing Fee & Certificate	#122.50 Filing Fee & Centified Copy Additional Copy	\$131.25 Piling Fee, Certified Copy & Certificate y Required		
FROM:		RON THORN (printed or typed))		
÷	VICTO	CIAN SQUAR Address	LE, RT	73	
		PON, N.J.	07830		
		832-6056 Telephone number		700001 06/28/950 ****131.25	526147 1083001 ****131.25

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

ARTICLES OF INCORPORATION



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:

HYPNOSIS CENTERS OF FLORIDA, INC

ARTICLE II PRINCIPAL OFFICE

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

12781 WORLD PLAZA LANE SUITE TWO FT MYERS, FL 33907

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SHARON THORN

12781 WORLD PLAZA LANE

SUITE TWO

FT MYERS, FL 33907

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

SHARON THORN

12781 WORLD PLAZA LANE

SUITE TWO

FT MYERS, FL 33907

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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	e of the corporation is: HYPNDSIS CENTERS OF	Pare We
2. The name	e and address of the registered agent and office is:	SHOP IN
	SHARDN THORN (NAME)	ONDE 29
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	- , SUITE TWO
	FINERS FLORIDA 33907 (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.

(SIGNATURE) (DATE) (DATE)