

PROPOSAL LETTER  
P95000054505

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

000001585520  
-07/12/95--01023--011  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: HEALTH ALTERNATIVES OF CENTRAL FLORIDA, 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:

DORIS M. AVEZ

Name (printed or typed)

250 W. LAKE SUR AVE.

Address

WINTER PARK, FLORIDA 32789

City, State & Zip

(407) 628-3739

Daytime Telephone number

7/14/95

TR

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

65 JUL 12 11:10 AM '52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

HEALTH ALTERNATIVES OF CENTRAL FLORIDA, INC.

### ARTICLE II PRINCIPAL OFFICE

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

250 W. LAKE SUE AVE.  
WINTER PARK, FL. 32789

### 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:

DORIS M. AVEZ  
250 W. LAKE SUE AVE.  
WINTER PARK, FL. 32789

**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):

DORIS M. ANEZ  
250 W. LAKE SUE AVE.  
WINTER PARK, FL. 32789

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

3rd day of July, 19 95.

Doris M. Anez President  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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 of the corporation is:

HEALTH ALTERNATIVES  
OF CENTRAL FLORIDA, INC.

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

DORIS M. ANEZ  
(NAME)

250 W. LAKE SUITE AVE.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

WINTER PARK, FLORIDA 32789  
(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.*

Doris M. Anez  
(SIGNATURE)

JULY 3, 1995  
(DATE)