

P96000007347

TRANSMITTAL LETTER

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

SUBJECT: HEALTH IMPROVEMENT MASSAGE THERAPY CLINIC, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM: SOKRATIS J. PAPAGEORGIOU
1730 ALT. 19 S., SUITE G-300
TARFON SPRINGS, FLORIDA 34689

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18 JAN 24 1996

TALLAHASSEE, FLORIDA

96 JAN 22 PM 12:24

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ARTICLES OF INCORPORATION
OF

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HEALTH IMPROVEMENT MASSAGE THERAPY CLINIC, INC. TAMPA, FLORIDA

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

ARTICLE 1 NAME

The name of the corporation shall be:

HEALTH IMPROVEMENT MASSAGE THERAPY CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

1730 ALT. 19 S., SUITE G-300
TARPON SPRINGS, FL 34689

ARTICLE III CAPITAL STOCK

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

100,000 Shares at .10 cents par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

SOKRATIS J. PAPAGEORGIOU
1730 ALT. 19 S., SUITE G-300
TARPON SPRINGS, FL 34689

ARTICLE V INCORPORATOR(S)

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

SOKRATIS J. PAPAGEORGIOU
1730 ALT. 19 S., SUITE G-300
TARPON SPRINGS, FL 34689

The undersigned has executed these Articles of Incorporation this 11TH. Day of January, 1996.



SOKRATIS J. PAPAGEORGIOU, PRESIDENT

CERTIFICATE OF DESIGNATION
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 IMPROVEMENT MASSAGE THERAPY CLINIC, INC.

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

SOKRATIS J. PAPAGEORGIOU
1730 ALT 19 S., SUITE G-300
TARPON SPRINGS, FL 34689

Signature



Title:

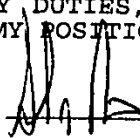
PRESIDENT/DIRECTOR

Date

1-16-96

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

1-16-96

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TALLAHASSEE, FLORIDA

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