

P96000012929
TRANSMITTAL LETTER

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

000001707140
-02/06/96--01026--010
*****78.75 *****78.75

SUBJECT: Life Springs Health Center, 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:

David E. Wood
Name (printed or typed)

5480 Peppertree Dr.
Address

Ft. Myers, Fl. 33908
City, State & Zip

941-481-8662
Daytime Telephone number

396A-5746

2/9/96
JB

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5 FEB -5 AM 8:22

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.

FILED
25 FEB 1970
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PM 6:22

ARTICLE I NAME

The name of the corporation shall be:

Life Springs ~~Health~~ Health center, INC.

ARTICLE II PRINCIPAL OFFICE

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

5480 Peppertree Dr.
Ft. Myers, Fl.
33908

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:

David E. Wood
5480 Peppertree Dr.
Ft. Myers, Fl.
33908

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):

David E. Wood
5480 peppertree Dr.
Ft. Myers, Fl.
33908

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

1 day of February, 19 96.

David E. Wood

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: Life Springs [REDACTED] Health Center, Inc

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

David E. Wood
(NAME)
5480 Peppertree Dr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Ft. Myers, Fl. 33908
(CITY/STATE/ZIP)

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56 FEB -5 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

David E. Wood
(SIGNATURE)

2/1/96
(DATE)

P96 000012429

To whom it may concern

6/14/96

The phone # for the Celestial Health Center, Inc.
is 941-277-7984

The return address is 3660 Central Av. Suite 4
Ft. Myers, FL 33901

The phone # for the President is 941-481-8662
The address is 5480 Rappahoe Dr.
Ft. Myers, FL 33908

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN 19 AM 8:30

FILED

Thanks,
David Wood

\$35.00 is enclosed.

400001872124
-06/24/96--01006--005
*****35.00 *****35.00

DIVISION OF CORPORATIONS

96 JUN 19 PM 2:44

RECEIVED

N. HENDRICKS JUN 19 1996

Amend



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

June 13, 1996

DAVID WOOD
5480 PEPPERTREE DR.
FT. MYERS, FL 33908

SUBJECT: LIFE SPRINGS HEALTH CENTER, INC.
Ref. Number: P96000012429

We have received your document for LIFE SPRINGS HEALTH CENTER, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 596A00029487

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED

96 JUN 19 AM 8 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Life Springs Health Center, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

Changing name to:

. Celestial Health Center, INC.

and address.

3660 CENTRAL AV. Suite 4
Ft. Myers, FL. 33901

J. J. Word
President

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 5/27/96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 27th day of May, 19 96

Signature

David E. Wood, President

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DAVID E. WOOD

Typed or printed name

President, Incorporator

Title