

JUL 07-1996 09:57 9:10 AM EMPIRE CORPORATE KIT P.05/07
PUBLIC ACCESS SYSTEM
TO DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
DEPARTMENT OF STATE 141 W. FLAGLER ST
STATE OF FLORIDA MIAMI FL 33138
409 EAST BAYVIEW STREET
TALLAHASSEE FL 32303 CONTACT: RAY STORMON
FAX: (904) 222-0000 PHONE: (305) 541-3894
FAX: (305) 541-3770

((H96000007993))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALTERNATIVE HEALTH OPTIONS, INC.

FAX AUDIT NUMBER: H96000007993

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/07/1996

TIME REQUESTED: 09:16:12

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 4

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 072450003255

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000007993)))

** INVALID SELECTION...PLEASE RE-ENTER **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM

Connect: 00:06:0

FILED

96 JUN -7 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 JUN -7 AM 10:41

RECEIVED

JUL-07-1996 03:57

EMPIRE CORPORATE KIT

P.06/08

H96000007993

ARTICLES OF INCORPORATION
OF

ALTERNATIVE HEALTH OPTIONS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, which has been organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporation, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be ALTERNATIVE HEALTH OPTIONS, INC.

ARTICLE II

The street address of the initial principal office of the corporation is 460 Spoonbill Lane, Melbourne Beach, Florida 32951.

ARTICLE III

The number of shares of stock that the corporation is authorized to issue is 500 shares at \$1.00 par value.

ARTICLE IV

The name of the corporation's registered agent and his/her street address is: David A. Wolfson; 15321 S. Dixie Hwy., Suite 209, Miami, Florida.

ARTICLE V

The name and address of each incorporator is:
David A. Wolfson; 15321 S. Dixie Hwy., Suite 209, Miami,

David A. Wolfson
P.O. Box 165818
Miami, FL 33116
(305) 595-0625
FBN. 149832

SECRETARY OF STATE
JUL-07-1996 03:57

96 JUL-7 PM 12:25

FILED

H96000007993

H96000007993

Florida 33157

ARTICLE VI

The corporation shall have Not less than 1 nor more than 5 Directors.

The names and addresses of the individuals who are to serve as the initial directors are:

Gary Levine; 460 Spoonbill Lane, Melbourne Beach, Florida 32951

1..

ARTICLE V

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

ARTICLE VI

The general nature of the business and objects and purposes to be transacted by the corporation, are to transact any lawful business, and shall have any and all lawful powers.

The undersigned has executed these Articles of Incorporation this June 7, 1996


David N. Wolfson, Incorporator

H96000007993

H96000007993

CERTIFICATION 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.

First that ALTERNATIVE HEALTH OPTIONS, INC. desiring to organize under the laws of the State Florida with its principal office, as indicated in the articles of incorporation has named David A. Wolfson located at 15321 S. Dixie Hwy., Suite 209 in the city of Miami, County of Dade, State of Florida, as its agent to accept service of process within this 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 A. Wolfson

FILED
96 JUN -7 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H96000007993