P96000096115

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME ____
FIRM ____
ADDRESS ____

PHONE ( ) ____

Service: Top Priority ____ One Day Service   Regular ____ Two Day Service

To us via ____ Return via ____

Mailer No.: ____ Express Mail No. ____

State Fee $ ____ Our $ ____

TAB 11/26

REQUEST TAKEN CONFIRMED APPROVED

DATE 11/25

TIME ____ CK No. ____

BY ____

WALK-IN
Will Pick Up ____

RE: Complete Wellness Medical Center of Brooksville, Inc.

	C.C. FEE.	DISBURSED
____ Capital Express℠		
✓ Art. of Inc. File		
____ Corp. Record Search		
____ Ltd. Partnership File		
____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal		
____ C U S-		
____ Fictitious Name File		
600002013576--4		
____ Name Reservation -11/26/96--01007--031		
____ Annual Report/Reinstatement	****122.50	****122.50
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ File No.'s, ____ Copies		
____ Courier Service		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority		
____ Express Mail Prep.		
____ FAX ( ) pgs.		
SUBTOTALS		

FILED
96 NOV 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

596A 53526

ARTICLES OF INCORPORATION

OF

COMPLETE WELLNESS MEDICAL CENTER OF BROOKSVILLE, INC.

FILED
96 NOV 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Complete Wellness Medical Center of Brooksville, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

291 E. Jefferson Street
Brooksville, FL 34601

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara Shore, Esq.
1881 University Drive
Suite 206
Coral Springs, FL 33071

ARTICLE V - INCORPORATORS

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

E. Eugene Sharer
725 Independence Avenue
Washington, DC 20003

The undersigned incorporator has executed these Articles of Incorporation this 6th day of November, 1996.

E. Eugene Sharer

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE OF

COMPLETE WELLNESS MEDICAL CENTER OF BROOKSVILLE, INC.

FILED
96 NOV 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Complete Wellness Medical Center of Brooksville, Inc.

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

Barbara Shore, Esq.
1881 University Drive
Suite 206
Coral Springs, FL 33071

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.

Barbara Shore, Esq
Signature

11/6/96
Date