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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
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SECRETARY OF STATE
ALLAHASSEE, FLORIBA

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DATE			
TIME			CK No.
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PREPAID		<u> </u>
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	\$	

No

53266

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, 10% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION

FILED

OF

96 DEC 13 PH 2:33

SECRETARY OF STATE COMPLETE WELLNESS MEDICAL CENTER OF 66TH STREET, LAHASSEE, FLORIDA ST. PETERSBURG, INC.

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 66th Street, St. Petersburg, Inc..

ARTICLE II - PRINCIPAL OFFICE

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

3201 66th Street St. Petersburg, FL 33710

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 26 day of

E. Eugene Sharer

CERTIFICATE OF DESIGNATION OF

-FILED

REGISTERED AGENT/REGISTERED OFFICE OF

96 DEC 13 PH 2: 33

COMPLETE WELLNESS MEDICAL CENTER OF 66TH STREET, SECRETARY OF STATE ST. PETERSBURG, INC.

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 66th Street, St. Petersburg, 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 Shere 554

Date