

# 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 \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAP [Signature]

WALK-IN  
Will Pick Up 1-27-230

RE: Complete Wellness

Medical Center of  
Longwood, FL

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

Name Reservation  
Annual Report/Reinstatement  
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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

97 JAN 24 PM 11:49

97 JAN 24 PM 12:18

300002868079-0  
-01/24/97-01081-031  
\*\*\*\*122.50 \*\*\*\*122.50

O.C. FEE. DISBURSED

FILED

RECEIVED

**ARTICLES OF INCORPORATION**

**OF**

**COMPLETE WELLNESS MEDICAL CENTER OF LONGWOOD, 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.

FILED  
97 JAN 24 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the corporation shall be: Complete Wellness Medical Center of Longwood, Inc..

**ARTICLE II - PRINCIPAL OFFICE**

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

735 Lake Crest Cove  
Longwood, FL 32750

**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 24th day of December, 19 96.

  
E. Eugene Sharer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
COMPLETE WELLNESS MEDICAL CENTER OF LONGWOOD, INC.**

**FILED  
97 JAN 24 PM 1:49  
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 Longwood, 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 Ann Shore, Esq.  
Signature

12/11/96  
Date