CAPITAL CONNECTION, INC. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 RE: VIRGINIA CONNECTION INC. VIRGINIA CONNECTION INC. RE: VIRGINIA CONNECTION INC. RE: VIRGIN

Capital Sypress Art. of Inc. File ______
Corp. Record Search ____ Ltd. Partnership File ____ Foreign Corp. File ____ () Cert. Copy(s) ____

Art. of Amend. File Dissolution/Withdrawal

Fictitious Name File

Name Reservation

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, _

Courier Service ____
Shipping/Handling
Phone ()
Top Priority _____
Express Mall Prep.

SUBTOTALS

Annual Report/Reinstatement

___Copies

pgs.

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies......

SUBTOTAL

PREPAID......
BALANCE DUE.....

CUS-L

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 \$

	CK No
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WALK-IN WIII Pick Up 1-24 230

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

130003111111000111413999	\$_
Please remit invoice number with paym TERMS: NET 10 DAYS FROM INVOICE DA 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum,	ent TE

THANK YOU from Your Capital Connection

D.C. FEE.

DISBURSED

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.

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:

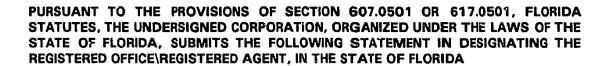
E. Eugene Sharer 725 Independence Avenue Washington, DC 20003

december, 19 510

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE OF

COMPLETE WELLNESS MEDICAL CENTER OF LONGWOOD, INC.



- 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.

Barbarg Ann Store Esign

Date