

# 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 \_\_\_\_\_

WALK-IN Will Pick Up 1-22-230

RE: Complete Wellness

Medical Center of East  
Normandy Boulevard, Deltona,  
FL 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

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

**ARTICLES OF INCORPORATION**

**OF**

**COMPLETE WELLNESS MEDICAL CENTER OF EAST NORMANDY BOULEVARD,  
DELTONA, INC.**

FILED  
97 JAN 24 PM 1:56  
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 East Normandy Boulevard, Deltona, Inc..

**ARTICLE II - PRINCIPAL OFFICE**

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

1240 E. Normandy Blvd  
Deltona, FL 32725

**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 20th day of December, 1996.

  
E. Eugene Sharer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
COMPLETE WELLNESS MEDICAL CENTER OF EAST NORMANDY BOULEVARD  
DELTONA, INC.**

FILED  
97 JAN 24 PM 1:56  
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 East  
Normandy Boulevard, Deltona, 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

12/11/96  
Date