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	sed is	an original a	and one (1) cop	py of the articles of	f incorporation a	nd a check		
for :	×	70.00	78.75	\$122.50	[] \$131.25	·		
•				,				
	•	FROM:	ALTERNA	TIVE HEALTH CO	ONCEPTS. INC			
:	*	rnom.		e (printed or typed)				
ţ			ROUTE: 4	TBOX 1602TF 0		<u>_</u>		
	•			Acidress		•		
				(A , FL 32177				
•			•	City, State & Zip				
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION (CHAPTER S)

ARTICLES OF INCORPORATION OF ALTERNATIVE HEALTH CONCEPTS, INC. (CHAPTER S CORPORATION)



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE:

The name of this corporation is Alternative Health Concepts, Inc.

ARTICLE TWO:

The address of the principal office and the mailing address of the corporation is: Route 4, Box 1602 Palatka, Florida 32177

ARTICLE THREE:

The number of shares the corporation is authorized to issue is 100 shares of \$1.00 par common stock.

ARTICLE FOUR:

The name and address in this state of the corporation's initial agent for service of process is:

Timothy E. Gilmore Route 4 Box 1602 Palatka, FL 32177

ARTICLE FIVE:

The names and addresses of the incorporators are:

Timothy E. Gilmore Route 4 Box 1602 Palatka, FL 32177

Janet G. Gilmore Route 4 Box 1602 Palatka, FL 32177

ARTICLE SIX:

This corporation is formed under the regulations for Chapter S corporations and will seek Chapter S designation with the Internal Revenue Service. Accordingly, only persons who qualify as stockholders under Chapter S requirements may hold stock in the corporation.

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tor Timothy E. Gilmorel
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: ALTERNATIVE HEALTH CONCEPTS, INC							
	<u></u>	 ·						
2.	The name and address of the registered agent and office is:							
	Timothy E. Gilmore							
	(NAME)							
	Route 4 Box 1602	-						
	(P.O. BOX NOT ACCEPTABLE)	=						
	Palatka, FL 32177	「し						
	(CITY/STATE/ZIP)							

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.

SIGNATURE

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL