

P97000020750

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800002103098--8  
-03/04/97--01015--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: MEDI-LOSS WEIGHT CONTROL CENTERS, INC.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and a check in the amount of \$ 70.00 payable to Florida Dept of State.

FROM: MARY A. WHELAN-BLAND  
Name  
6202 SO. TAMiami TR.  
Address  
SARASOTA, FL. 34231  
City, State & Zip  
941-925-3315  
Telephone Number

FILED  
97 MAR -3 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

P#  
3/6/97

FILED

97 MAR -3 PM 2:03

ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

MEDI-LOSS WEIGHT CONTROL CENTERS, 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 1          NAME

The name of the corporation shall be:

MEDI-LOSS WEIGHT CONTROL CENTERS, INC.

ARTICLE II      PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:  
6202 SO. TAMiami TR.  
SARASOTA, FL. 34231

ARTICLE III      CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100) shares of Common Stock each having a par value of one (1) dollar per share. Authorized Capital stock may be paid for in cash, services, or property, at a just value.

ARTICLE IV      INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARY A. WHELAN-BLAND  
6202 SO. TAMiami TR.  
SARASOTA, FL. 34231

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, 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: MEDI-LOSS WEIGHT CONTROL  
CENTERS, INC.

2. The name and address of the registered agent and office is:

MARY A -WHELAN-BLAND  
(NAME)

6202 SO. TAMiami TR.  
(P.O. BOX NOT ACCEPTABLE)

SARASOTA, FL 34231  
(CITY/STATE/ZIP)

SIGNATURE

Mary Whelan-Bland  
(corporate officer)

TITLE

President

DATE

2-25-97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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

Mary Whelan-Bland

DATE

2-25-97

REGISTERED AGENT FILING FEE: \$35.00