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SALTER, FEIBER, YENSER & MURPHY, P.A.

POST OFFICE DRAWER 1589
GAINESVILLE, FLORIDA 32602-1589

JAMES G. FEIBER, JR.
DENISE LOWRY HUTSON
SHANNON M. MILLER
MELISSA JAY MURPHY
JAMES D. SALTER
NANCY E. YENSER

703 NORTHEAST IST STREET GAINESVILLE, FLORIDA 32601

TELEPHONE (352) 376 - 8201

FAX (352) 376 - 7996 REAL ESTATE FAX (352) 376 - 0648

March 31, 1997

Corporate Records Bureau Division of Corporations Department of State P.O. Box 6427 Tallahassee, FL 32301

RE: Eating Disorders Associates, Inc.

600002130926---9 -04/02/97--01015--007 ****122.50 ****122.50

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Corporation for the above-referenced corporation, together with this firm's check in the amount of \$122.50 for the following:

Filing Fee \$ 35.00
Registered Agent Designation 35.00
Certification Copy of Articles 52.50

\$ 122.50

Please file the Articles of Incorporation and return the certified copy to this office.

Thank you for your assistance in this matter. If you have any questions or need additional information, please do not hesitate to call me.

Pmy 197 126

Sincerely,

SALTER, FEIBER, YENSER & MURPHY, P.A.

Nancy E. Yenser

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NEY:dw

Enclosures

cc: Linda Newhart Lotz
B. Linnea Lindholm

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

EATING DISORDERS ASSOCIATES, INC.

THE UNDERSIGNED incorporators do hereby agree to incorporate a corporation for profit under the laws of the State of Florida, of the United States of America, by and under the provisions and statutes of that State, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by said law on corporations organized pursuant to the provisions thereof, and hereby makes, subscribes and acknowledges and files these Articles of Incorporation as follows:

ARTICLE I NAME OF CORPORATION

1.01 NAME. -- The name of this corporation shall be **EATING DISORDERS**ASSOCIATES, INC.

ARTICLE II GENERAL NATURE OF BUSINESS

2.01 POWERS. -- This corporation may engage in any activity or business permitted under F.S. 607 of the laws of the State of Florida.

ARTICLE III STOCK

3.01 NUMBER. -- The maximum number of shares of stock that this corporation

is authorized to have outstanding at any one time is one class of Common Stock totalling 100 shares and having a par value of \$1.00 per share.

ARTICLE IV ADDRESS OF CORPORATION AND REGISTERED AGENT

- **6.01 PRINCIPAL OFFICE.** -- The street address of the principal office of the proposed corporation in the State of Florida is 4210 N.W. 37th Place, Suite 300, Gainesville, FL 32606. The mailing address of the corporation is 4210 N.W. 37th Place, Suite 300, Gainesville, FL 32606.
- **6.02 RELOCATION.** -- The Board of Directors may from time to time move the principal office to any other address in Florida.
- 6.03 REGISTERED AGENT. -- The initial registered agent of the corporation is
 B. Linnea Lindholm, and her business office and address is 4101 N.W. 37th Place, Suite
 A, Gainesville, FL 32606.

ARTICLE V NAME AND ADDRESS OF INCORPORATORS

9.01 DESIGNATION. -- The name and street address of the incorporators of the Articles of Incorporation are as follows:

NAME	<u>ADDRESS</u>
Linda Newhart Lotz	4210 N.W. 37th Place, Suite 300 Gainesville, FL 32606
B. Linnea Lindholm	4101 N.W. 37th Place, Suite A Gainesville, FL 32606

THE UNDERSIGNED, being the Incorporators to the Capital Stock hereintofore named, for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 28th day of ________, 1997.

Sinh Dewhat ST (SEAL)

B. Jimua Jundhida(SEAL) B. LINNEA LINDHOLM

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 28th day of 1997, by LINDA NEWHART LOTZ, the Incorporator, who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person:

(1) i	s	personally	known	to	me.
٦		, ,	•	POISONGIN	111101111		1110

(%) produced a current Florida Driver's license as identification.

() produced _____ as identification.

Notary Public, State of Florida



STATE OF FLORIDA COUNTY OF ALACHUA

()	is	personally	known	to	me.
---	---	----	------------	-------	----	-----

- produced a current Florida Driver's license as identification.
- () produced _____ as identification.

Notary Public, State of Florida

DELAMA V WILLIS
My Commission CC557293
Expires May. 31, 2000

FILED

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CERTIFICATE OF REGISTERED AGENT

SECRETARY OF STATE

TALLAHASSE FIGRIDA

I HEREBY accept designation of registered agent for EATING DISORDERS ASSOCIATES, INC., and hereby agree to fulfill the obligations thereof. IN WITNESS WHEREOF, I have hereto set my hand and seal this 28th day of March , 1997.

B. Linnea Linchelm
B. LINNEA LINDHOLM

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 28th day of , 1997, by B. LINNEA LINDHOLM, Registered Agent, who executed the foregoing Certificate of Registered Agent, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person:

is personally known to me.

produced a current Florida Driver's license as identification.

() produced as identification.

DELAMA V WILLIS My Commission CC557293 Expires May. 31, 2000