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CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name) 1406 Hays Street, Suite 2 Tallahassee, FL 32301 (904) 656-3992 OFFICE USE ONLY (City, State, Zip) (Phone #) *****70.00 *****70.00 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Complete Wellness Midiac Center of Casselberry, Ihe. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Tamped Photocopy Mail out Certificate of Status Will wait **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation

Reinstatement Trademark

Other

CR2E031(10/92)

Examiner's Initials

ARTICLES OF INCORPORATION

FILED.

OF

97 MAY 28 PI 2: 28

Complete Wellness Medical Center of Casselberry, Lincoln Confirm

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 Casselberry, Inc..

ARTICLE II - PRINCIPAL OFFICE

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

897 E. Semoran Blvd. Casselberry, FL 32707

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

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE OF

Complete Wellness Medical Center of Casselberry, Inc.

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 Casselberry, 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 Shere

Signature

Date