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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS  
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FAX #:

FROM: NATURAL HEALTH SYSTEMS, INC.  
071324000655

ACCT#:

CONTACT: ROLANDO TRUJILLO

PHONE: (305) 541-0790

FAX #:

(305) 541-4015

NAME: NATURAL HEALTH SYSTEMS, INC.

AUDIT NUMBER.....H97000009794

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 16, 1997

NATURAL HEALTH SYSTEMS, INC

SUBJECT: NATURAL HEALTH SYSTEMS, INC  
REF: W97000013971

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock.

The preparer information in the lower left hand corner of the document must be printed in at least a 10 point font to assure legibility.

The electronically submitted document must also include the preparer's telephone number in the lower left hand corner.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser  
Corporate Specialist

FAX Aud. #: H97000009794  
Letter Number: 397A00032018

Division of Corporations - P.O. BOX 8327 - Tallahassee, Florida 32314

H97000009794

# ARTICLES OF INCORPORATION OF

NATURAL HEALTH SYSTEMS, INC.

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97 JUN 16 PM 3:53  
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: NATURAL HEALTH SYSTEMS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock, \$1.00 par value.

Authorized Shares: 100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carmen C. Fernandez, MD  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

Prepared by: Carmen Fernandez  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134  
Tel: 305-569-0002

H97000009794

JUN-16-97 MON 12:00 PM R&R ACCOUNTING & TAX SERV

PAX NO. 30554414015

H97000009794

**ARTICLE V INCORPORATOR(S)**

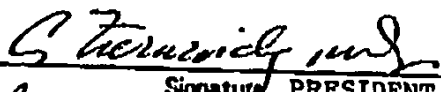
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

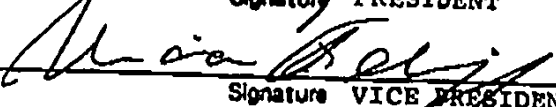
Carmen C. Fernandez, MD, PRESIDENT  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

Ileana Felipe, VICE PRESIDENT  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of June, 19 97.

x   
Signature PRESIDENT

x   
Signature VICE PRESIDENT

\_\_\_\_\_  
Signature

H97000009794

H97000009794

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

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: NATURAL HEALTH SYSTEMS, INC.

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

Carmen C. Fernandez, MD  
(Name)

2735 Ponce De Leon Blvd.  
(P.O. Box not acceptable)

Coral Gables, FL 33134  
(City/State/Zip)

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*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.*

x *A. Fernandez*  
(Signature) REGISTERED AGENT

June 4, 1997

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL  
H97000009794