P9800026018 TRANSMITTAL LETTER

March 17, 1998

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

500002461905---3 -03/19/98--01038--002 *****70.00 ******70.00

SUBJECT:

FLORIDA HEALTH MASSAGE, INC.

ENCLOSED IS:

- 1 <u>Original</u> of the ARTICLES OF INCORPORATION for your office
- 1 Copy of the ARTICLES OF INCORPORATION for your office
- 1 <u>Copy</u> of the ARTICLES OF INCORPORATION

 <u>Please stamp with the filing date and return</u>

 to addressee, Daniel B. Schenk (see below)
- 1 <u>Check</u> in the amount of \$70.00 for the Filing Fee

ADDRESSEE:

Daniel B. Schenk 346 Kendall Drive Marco Island, FL 34145

Telephone: 941-642-9702

Thank you for your help.

OR MAR 19 AM 7: 48

Florida Health Massage, Inc.

ARTICLES OF INCORPORATION

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

ARTICLE I (NAME)

The name of the corporation shall be: FLORIDA HEALTH MASSAGE, INC.

ARTICLE II (PRINCIPAL OFFICE)

The principal place of business and mailing address of this corporation shall be: 346 Kendall Drive, Marco Island, Florida 34145.

ARTICLE III (SHARES)

All stock issued by this corporation shall be common voting stock of a single class at a par value of \$0.01 per share. The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

ARTICLE IV (INITIAL REGISTERED AGENT)

The name and Florida street address of the initial registered agent are: Daniel B. Schenk, 346 Kendall Drive, Marco Island, Florida 34145.

ARTICLE V (INCORPORATOR)

The name and address of the incorporator to these Articles of Incorporation are: Daniel B. Schenk, 346 Kendall Drive, Marco Island, Florida 34145.

Signature of Incorporator

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 of Registered Agent

3-17-1998 Date