

P98000050896

TRANSMITTAL LETTER

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

700002547347--4
-06/04/98-01042--005
***131.25 ***131.25

SUBJECT: LifeRenewal Health Center at Saratoga, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Bruce Houran
Name (printed or typed)
4997 Tamiami Trail East
Address
Naples, FL 34113
City, State & Zip
(941)-732-0422
Daytime Telephone number

FILED
98 JUN -4 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

mc 6/8/98

ARTICLES OF INCORPORATION

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:

LifeRenewal Health Center at Saratoga, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*4997 Tamiami Trail East
Naples, FL 34113*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7,500 Shares ... (IRC Section 1244)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Bruce Houran
4997 Tamiami Trail East
Naples, FL 34113*

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Bruce Houran

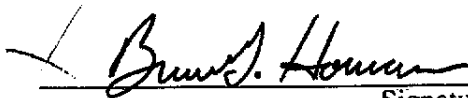
4997 Tamiami Trail East

Naples, FL 34113

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

2nd day of JUNE ~~August~~, 19 98

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: LifeRenewal Health Center at
Saratoga, Inc.

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

Bruce Houzan
(NAME)
4997 Tamiami Trail East
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Naples, FL 34113
(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.

Bruce M. Houzan
(SIGNATURE)

June 2, 1998
(DATE)