

PP9000017882

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

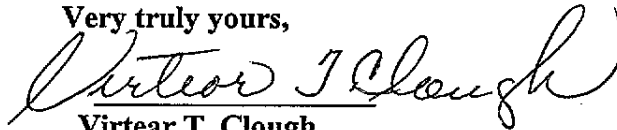
600002782836--1  
-02/22/99--01086--001  
\*\*\*\*121.50 \*\*\*\*\*78.75

Re: Clough Colon Hydrotherapy, Inc.

Gentlemen:

Enclosed find the original and one copy of the Articles of Incorporation and fee for Registered Agent designation for the above named corporation.

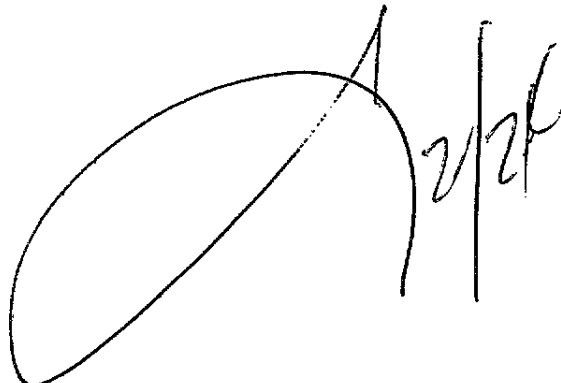
Very truly yours,



Virtear T. Clough  
Clough Colon Hydrotherapy, Inc.

FILED  
99 FEB 22 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Mailing address of Corporation  
Clough Colon Hydrotherapy, Inc.  
940 S. Dixie Highway  
Lantana, Florida 33462



**ARTICLES OF INCORPORATION**

of

**Corporate Name**  
**Clough Colon Hydrotherapy, Inc.**

The undersigned subscriber (s) to these Articles of Incorporation, natural person (s) fully capable to contract, hereby form a corporation under the laws of the State of Florida.

**FILED**  
**99 FEB 22 AM 8:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

***ARTICLE I - CORPORATE NAME***

The name of the corporation is: **Clough Colon Hydrotherapy, Inc.**

***Article II-DURATION***

This corporation shall exist perpetually unless dissolved in accordance with Florida Law.

***Article III- PURPOSE***

The corporation is organized for the purpose of engaging in any activities or business which is permitted or allowed under the laws of the United States and the State of Florida.

***ARTICLE IV- CAPITAL STOCK***

The corporation is authorized to issue One hundred shares ( 100 ) of Par Value-in Dollars Par Value-One dollar (s)

( \$1.00 Par Value-Numeric par value Common Stock, which shall be designated " Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent's office and the name of the Initial Registered Agent at that office is:

**NAME** Virtear T. Clough

**ADDRESS** 940 S. Dixie Highway

**City** City,St,Zip- Lantana

**FLORIDA**

**ZIP** 33462-4653

The principal office, if known, or the mailing address of the corporation is:

**NAME** Clough Colon Hydrotherapy, Inc.

**ADDRESS** 940 S. Dixie Highway

**CITY** Lantana

**FLORIDA**

**ZIP** 33462-4653

***ARTICLE VI - INITIAL BOARD OF DIRECTORS***

This corporation shall have Two of Directors-Alpha Par Value-Numeric ( 2 ) directors initially. The number of directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one (1). The names and address of the initial director (s) of the corporation are listed as follows:

**NAME** Virtear T. Clough

**ADDRESS** 5161-A Jaczko Lane

**CITY** West Palm Beach

**STATE OF FLORIDA**

**ZIP** 33462-6228

**NAME**

**ADDRESS**

**CITY**

**STATE OF FLORIDA**

**ZIP**

**NAME .**

**ADDRESS**

**CITY**

**STATE OF FLORIDA**

**ZIP**

**NAME**

**ADDRESS**

**CITY**

**STATE OF FLORIDA**

**ZIP**

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

**NAME** Virtear T. Clough

**ADDRESS** 5161-A Jaczko Lane

**CITY** West Palm Beach      **STATE OF FLORIDA**      **ZIP** 33462-4653

**NAME**

**ADDRESS**

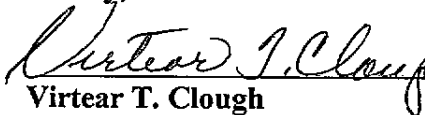
**CITY**                      **STATE OF FLORIDA**                      **ZIP**

**NAME**

**ADDRESS**

**CITY**                      **STATE OF FLORIDA**                      **ZIP**

**IN WITNESS WHEREOF**, the undersigned subscriber (s) have executed these articles of Incorporation this 5th Day day of February, 1999

 (Seal)  
Virtear T. Clough

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

STATE OF FLORIDA

)  
SS  
)

COUNTY OF PALM BEACH

Before me, a Notary Public authorized to take acknowledgments in the State and County as set forth above, personally appeared:

*Arthur J. Clough*

Signature

Form of Identification

\_Optional - Shareholder #1 (repeat)

Signature

Form of Identification

\_Optional - Shareholder #2 (repeat)

Signature

Form of Identification

Optional - Shareholder #3 (repeat)

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form \_\_\_ of identification of the above named person \_\_\_ as indicated opposite each name, and that an oath (was) (was not) taken.



Harold Gorovitz  
MY COMMISSION # CC667743 EXPIRES  
July 29, 2001

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County  
of Palm Beach and State last aforesaid  
This Optional - Day (repeat) Day of Optional - Month

(repeat) 19 Optional - Year [95] (repeat)

*Harold Gorovitz*

Notary Signature

Harold Gorovitz

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**Clough Colon Hydrotherapy, Inc.**

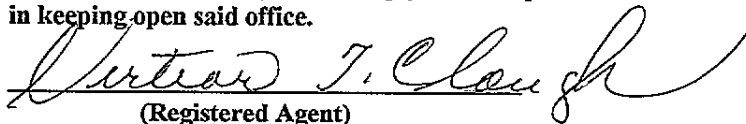
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at

has named Default - Name-Reg Agent (repeat) located at the aforesaid address as its Registered Agent to accept service of process within the State of Florida.

**ACKNOWLEDGMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
(Registered Agent)

**Clough Colon Hydrotherapy, Inc.**

**FILED**  
99 FEB 22 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA