

Member
American Institute of
Certified Public Accountants

Florida Institute of
Certified Public
Accountants

HUGH B. DUNKLEY

Certified Public Accountant

P99000058849

18 June 1999

Marlene Brown-Brennen
6526 Whispering Wind Way
Delray Beach, Florida 33484

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-06/28/99--01041--010
*****78.75 *****78.75

Dear Marlene:

The Family Wellness Health Center of
Delray, Marlene Brown Brennen, ARNP, Inc.

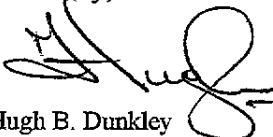
Enclosed please find the articles of incorporation for
the following: Kindly sign the relevant sections and mail the original and one (1) copy of same to

*Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314*

Please include with this filing a check in the amount of \$78.75 made payable to the
Florida Department of State.

Should you have any questions, please do not hesitate to contact me at (561) 279-8019.

Cordially,


Hugh B. Dunkley

/enclosures

FILED
99 JUN 28 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ajc
6/29

ARTICLES OF INCORPORATION

FILED
99 JUN 28 PM 5:13
STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Family Wellness Health Center of
Delray, Marlene Brown Brennen. ARNP. Inc.

ARTICLE II PRINCIPAL OFFICE

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

6526 Whispering Wind Way
Delray Beach, Florida 33484

ARTICLE III CAPITAL STOCK

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

One thousand (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Marlene Brown-Brennen
6526 Whispering Wind Way
Delray Beach, Florida 33484

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Marlene Brown-Brennen
6526 Whispering Wind Way
Delray Beach, Florida 33484

The undersigned has executed these Articles of Incorporation this
Fifteenth day of June 1999.



Marlene Brown-Brennen, Incorporator

**CERTIFICATE OF DESIGNATION
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:

The Family Wellness Health Center of Delray, Marlene Brown Brennen.
ARNP, Inc.

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

Marlene Brown-Brennen
6526 Whispering Wind Way
Delray Beach, Florida 33484

Signature: _____

Title: Registered Agent

Date: 15 June 1999

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: _____

Date: _____

99 JUN 28 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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