

FO1000006539

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Natural Medicine Associates, Inc

(Name of corporation - must include suffix)

Dear Sir or Madam:

00855 - 1150
~~00789~~ - 00734 - 00647 - 00671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sridevi Jasti

(Name of Person)

Natural Medicine Associates, Inc

(Firm/Company)

7375 Davie Road Ext

(Address)

Hollywood, FL. 33024-2421

(City/State/Zip)

FILED
01 DEC 26 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Manjit Singh CPA

(Name of Person)

at (703) 280-5656

(Area Code & Daytime Telephone Number)

~~12/26/01~~
800003237198--3

-05/03/00--01082--002

***87.50 ***87.50

800003237198--3

-12/26/01--01043--002

***1150.00 ***1150.00

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

\$1150.00 - Adm.
FOI-6539

OH 12/26



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2000

SRIDEVI JASTI
NATURAL MEDICINE ASSOCIATES, INC.
7375 DAVIE ROAD EXT
HOLLYWOOD, FL 33024-2421

SUBJECT: NATURAL MEDICINE ASSOCIATES, INC.
Ref. Number: W00000012024

We have received your document for NATURAL MEDICINE ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 100A00025510

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 2000

SRIDEVI JASTI
NATURAL MEDICINE ASSOCIATES, INC.
7375 DAVIE ROAD EXT.
HOLLYWOOD, FL 33024-2421

SUBJECT: NATURAL MEDICINE ASSOCIATES, INC.
Ref. Number: W00000012024

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for NATURAL MEDICINE ASSOCIATES, INC..

The referenced application states that the corporation has transacted business in the State of Florida since June 1, 1999. You were notified by letter dated May 8, 2000, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$1150.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey
Document Specialist Supervisor Letter No. 800A00052627

Enclosure

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 20, 2001

SRIDEVI JASTI
NATURAL MEDICINE ASSOCIATES, INC.
7375 DAVIE ROAD EXT.
HOLLYWOOD, FL 33024-2421

SUBJECT: NATURAL MEDICINE ASSOCIATES, INC.
Ref. Number: W00000012024

**CERTIFIED MAIL #7000 1530 0000 6431 5272 RETURN RECEIPT
REQUESTED**

This letter constitutes notice that the Department of State (Department) intends to pursue all legal remedies provided in Sections 607.0130(3) and 607.1502(4), Florida Statutes, because of the failure of NATURAL MEDICINE ASSOCIATES, INC. to pay the appropriate penalties and fees incurred by the transacting of business as a foreign corporation in Florida without authority. I have enclosed a copy of Sections 607.0130(3), 607.1501 and 607.1502, Florida Statutes, for your review.

The application submitted by NATURAL MEDICINE ASSOCIATES, INC. for authority to transact business in Florida indicates that the corporation transacted business in Florida prior to qualifying. As a result, associated penalties and fees imposed by Section 607.1502(4), Florida Statutes, are due and owing to the Department.

Penalties and fees in the amount of \$1150.00 are now due. To avoid further penalty, payment must be remitted within 45 days of receipt of this letter. Please make your check payable to the Department of State and forward it to this office.

In the event the date business was first transacted in Florida is incorrect or the activity falls under an enumerated exemption provided in Section 607.1501(2), Florida Statutes, please provide this office with an affidavit to that effect. If it is determined that the affidavit establishes either circumstance, all penalties and fees previously imposed will either be withdrawn or will be recalculated in accordance with the corrected information, and the application will be processed accordingly. If you have any questions regarding this matter, please telephone (850) 487-6051. I look forward to your response.

Sincerely,

Gerard T. York, Assistant General Counsel

Enclosures Letter No. 801A00037587

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MANJIT SINGH CPA P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Member American Institute of Certified Public Accountants
Member Virginia Society of Certified Public Accountants
Firm Participant in AICPA Peer Review Program

7309 Arlington Blvd., Suite # 301 • Falls Church • Virginia 22042 • Phone (703) 280-5656 • Fax (703) 280-5666

December 21, 2001

Florida Department of State
Division of Corporations
Attn: Ms. Gretchen Harvey
PO Box 6327
Tallahassee FL 32314

Re: Natural Medicine Associates Inc.
Ref. Number: W00000012024

Dear Ms. Harvey:

Thank you for your help in the recent weeks with matters relating to the Registration of our client Natural Medicine Associates Inc. Please find enclosed a check for \$1150.00 and a Certificate of Good Standing issued by Virginia's State Corporation Commission. We trust that this will enable you to complete the registration process. We write to you with you to make the effective date of the Corporation, the same date as when our original application and check were sent in.

On May 1, 2000 we had sent in a check for \$87.50 to cover Filing Fees, Certificate of Status & Certified Copy. However, we were unable to complete registration since the certificate of good standing sent in with our application was not acceptable to your Department. Much later we received a letter informing us that an additional sum of \$1150.00 was due to you. Since then we have corresponded a few times all the time taking steps to ensure that we comply with the requirements of the Florida Department of State.

Natural Medicine Associates Inc. has been registered with the Virginia State Corporation Commission since May of 1997. You could verify with them (call 804-371-9733) that they have always been in good standing with the state. Their integrity in their business dealings has been unquestionable.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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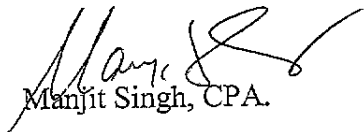


MANJIT SINGH CPA P.C.
CERTIFIED PUBLIC ACCOUNTANTS

In the light of these circumstances, and owing to the fact that their original registration form and check has been with you since May of 2000, we most humbly request you to register the corporation with retrospective effect, from May 1, 2000.

If you have any questions, please do not hesitate to contact us.

Sincerely,


Manjit Singh, CPA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Natural Medicine Associates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name presented.)

2. Virginia 54-1850568
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 5, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7375 Davie Road Ext
Hollywood, FL. 33024-2421
(Current mailing address)

8. Mail order house for water purification system & natural health products.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Sridevi Jasti

Office Address: 7375 Davie Road Ext
Hollywood, Florida, 33024-2421
(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Sridevi Jasti

Address: 7375 Davie Road Ext
Hollywood, FL. 33024-2421

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Sridevi Jasti

Address: 7375 Davie Road Ext
Hollywood, FL. 33024-2421

Vice President: _____

Address: _____

Secretary: _____

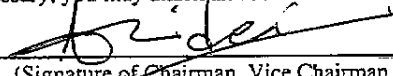
Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sridevi Jasti, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

NATURAL MEDICINE ASSOCIATES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is May 09, 1997.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
December 2, 1999*



Joel H. Peck

Joel H. Peck, Clerk of the Commission

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

NATURAL MEDICINE ASSOCIATES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is May 09, 1997.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
December 5, 2001*



Joel H. Peck
Joel H. Peck, Clerk of the Commission