

# FO2000004024

CORPORATION(S) NAME

The National Institute for Fitness and Sport, Inc.

600006925376--7  
-08/07/02--01005--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

600006925376--7  
-08/07/02--01005--002  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input checked="" type="checkbox"/> Nonprofit      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign        | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                       | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name        | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Call If Problem        | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  | <input type="checkbox"/> Will Wait              |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

8/6/02

AAM

Order#: 5510983

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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 02 AUG - 6 PM 3:14  
 02 AUG - 6 PM 1:45  
 TALLAHASSEE FLORIDA  
 DEPARTMENT OF STATE  
 TALLAHASSEE FLORIDA

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

*S/7 ust*

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The National Institute for Fitness and Sport, Inc. (Name of corporation: must include the word "INCORPORATED" or "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 at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Indiana (State or country under the law of which it is incorporated) 3. 31-1130407 (FEI number, if applicable)

4. January 25, 1985 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. March 27, 2001 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 250 North University Blvd., Indianapolis, Indiana 46202 (Principal office address)

250 North University Blvd., Indianapolis, Indiana 46202 (Current mailing address)

8. Managing corporate fitness facilities for Anthem, Inc. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip Code)

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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.

Jeffrey R. Graves Assistant Secretary (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:

A. DIRECTORS

Chairman: Beurt SerVaas

Address: 1000 Waterway Boulevard

Indianapolis, Indiana 46202

Director: James R. Whitehead

~~Vice Chairman~~ Address: 401 W. Michigan Street

Indianapolis, Indiana 46202

Director: Robert E. Martin

Address: Administration Building, 120D, 355 N. Lansing Street

Indianapolis, Indiana 46202-2896

Director: Robert Browne, M.D.

Address: Eli Lilly and Company Corporate Center, Drop Code 1850

Indianapolis, Indiana 46285

(see attached addendum)

B. OFFICERS

President: Jerry W. Taylor

Address: 250 N. University Blvd.

Indianapolis, Indiana 46202

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Ben W. Blanton

Address: 300 North Meridian Street, Suite 2700, Indianapolis, Indiana 46202

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Ben W. Blanton, Secretary  
(Typed or printed name and capacity of person signing application)

**Attachment to**  
**Application by Foreign Not for Profit Corporation**  
**for Authorization to Conduct its Affairs in Florida**

Director:

Joan Durham, 1000 Waterway Boulevard, Indianapolis, Indiana 46202

Director:

Peggy Boehm, 801 W. Washington Street, Indianapolis, Indiana 46204

Director:

D. Craig Brater, M.D., 1120 South Drive, Fesler Hall, Room 102, Indianapolis, Indiana 46202

**FILED**  
02 AUG -6 PM 1:45  
SECRETARY L. J. STONE  
TALLAHASSEE, FLORIDA

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

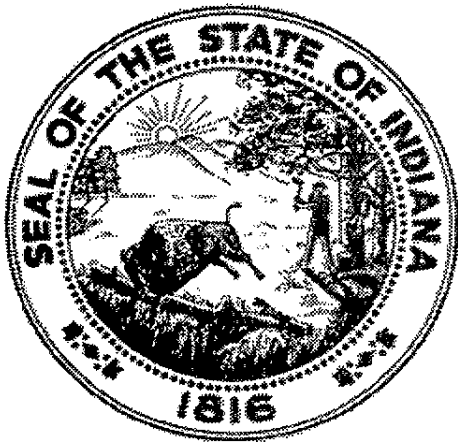
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

**THE NATIONAL INSTITUTE FOR FITNESS AND SPORT, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 25, 1985, and was in existence or authorized to transact business in the State of Indiana on August 2, 2002.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Second day of August, 2002.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State