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00789-04099-00671

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PICK-UP WAIT MAIL

(Business Entity Name)

F05-6529

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W05-47825

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Sec. of STATE
TALLAHASSEE FLORIDA

05 NOV -9 PM 4:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY CARE CLINIC
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rev. Dr. David d'Albany
(Name of Person)

Family Care Clinic
(Firm/Company)

6015 FLORA TERRACE
(Address)

APOLLO BEACH, FL 33572 - 2603
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. David d'Albany at (813) 645-1111
(Name of Person) (Area Code & Daytime Telephone Number)
cell (813) 215-3792

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2005

REV. DR. DAVID D'ALBANY
FAMILY CARE CLINIC
6015 FLORA TERRACE
APOLLO BEACH, FL 33572-2603

SUBJECT: FAMILY CARE CLINIC, INC.
Ref. Number: W05000047825

We have received your document for FAMILY CARE CLINIC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 205A00063680

Dr. David d'Albany
Family Care Clinic
6015 Flora Terrace, Apollo Beach, FL 33572-2603
(813) 645-1111 ☎ cell (813) 215-3792

October 29, 2005

Dear Ms. Hodges,

We received your correspondence.

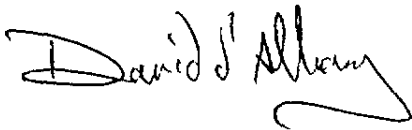
The Board of Directors accepted and adopted the name:

"ABC Family Care Clinic, Inc." as the requested alternative name in Florida.

We hope that this is acceptable to be registered.

Please let us know if there is anything else required.

We thank you. Sincerely yours

A handwritten signature in cursive script that reads "David d'Albany". The signature is written in black ink and has a decorative flourish at the end.

Dr. David d'Albany

N.B., ABC could signify Apollo Beach Christian.

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:

FAMILY CARE CLINIC, Inc. ABC Family care clinic, 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. CALIFORNIA (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. OCTOBER 8, 1993 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NOT YET (We have not started business yet - we are preparing) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 6015 FLORA TERRACE (Principal office address)

APOLLO BEACH, FLORIDA 33572-2603 (Current mailing address)

8. Non-profit: Counseling - Teaching - Helping - Psychotherapy, etc. (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 NOT acceptable)

Name: Rev. Dr. David d'Albany

Office Address: 6015 FLORA TERRACE

APOLLO BEACH, Florida 33572-2603 (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.

Dr. David d'Albany (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: Rev. Dr. David d'Albany
Address: 6015 FLORA TERRACE
APOLLO BEACH, FL 33572-2603

Vice Chairman: _____
Address: _____

Director: Attorney Anthony W. Hart, J.D.
Address: 24355 1/2 San Fernando Road
Newhall, CA 91321

Director: _____
Address: _____

B. OFFICERS

TREASURER
President: Mr. Conrad Santana
Address: 656 FLAMINGO DRIVE
APOLLO BEACH, FL 33572

Vice President: _____
Address: _____

Secretary: Mr. Edward Jones
Address: 941 APOLLO BEACH BLVD, Apollo Beach, FL 33572

Treasurer: Mr. Conrad Santana
Address: 656 Flamingo Drive, Apollo Beach 33572

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

13. Dr. David d'Albany
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rev. Dr. David d'Albany
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **8th day of October, 1993, FAMILY CARE CLINIC** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 8, 2005.



A handwritten signature in black ink, appearing to read "Bruce McPherson".

BRUCE McPHERSON
Secretary of State