

19800005811

CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hyperbaric Oxygen
Therapy Association, Inc.

100002661171--4
-10/12/98--01005--021
*****78.75 *****78.75

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____

FILED
98 OCT 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
98 OCT 12 AM 9:46
DIVISION OF CORPORATION

Signature _____
Requested by: ces 10/12 9:14
Name Date Time

**ARTICLES OF INCORPORATION
OF
HYPERBARIC OXYGEN THERAPY ASSOCIATION, INC.**

FILED
98 OCT 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

The name of the Corporation is Hyperbaric Oxygen Therapy Association, Inc.

ARTICLE TWO

PRINCIPAL OFFICE

The address of the principal office of the Corporation is Sechrist Industries, 4225 East La Palma Avenue, Anaheim, California, 93807. The mailing address of the Corporation is Sechrist Industries, (Attention: Scott Bryars), 4225 East La Palma Avenue, Anaheim, California, 93807.

ARTICLE THREE

PURPOSE

The purposes for which the Corporation is organized are any lawful purpose which is not for profit, including but not limited to trade association, commercial, industrial, political, educational, scientific, professional, civic and eleemosynary.

ARTICLE FOUR

DIRECTORS

The method of election of the directors of the Corporation is set forth in the bylaws.

ARTICLE FIVE

MEMBERS

The classes and qualifications of members shall be set forth in the By-Laws.

ARTICLE SIX

INITIAL REGISTERED AGENT AND ADDRESS

As set forth in the registered agent's written acceptance of his appointment, which is delivered to the Department of State together with these articles of incorporation, the name and address of the initial registered agent for the Corporation is Gregory J. Willis, Suite 300, 707 Southeast Third Avenue, Fort Lauderdale, Florida 33316.


ARTICLE SEVEN

INCORPORATOR

The name and street address of the incorporator is as follows: Gregory J. Willis, Suite 300, 707 Southeast Third Avenue, Fort Lauderdale, Florida 33316.

The undersigned has executed these Articles of Incorporation this 8th day
of October, 1998.

Signed:



Signature of Incorporator

Gregory J. Willis

Name

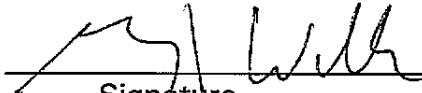
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Section 617.0501 of the Florida Not For Profit Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent, in the State of Florida.

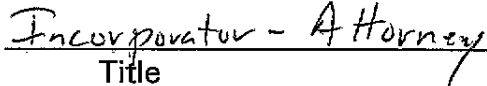
1. The name of the Corporation is Hyperbaric Oxygen Therapy Association, Inc.
2. The name and address of the registered agent and office of the Corporation is:


Gregory J. Willis
Suite 300
707 Southeast Third Avenue
Fort Lauderdale, FL 33316

Signed:



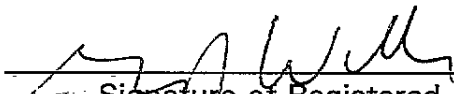
Signature


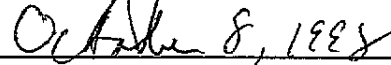
Name of Corporate officer


Title


Date

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 of Registered Agent


Date

FILED
OCT 12 1998
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD