FOOODOOT 730

To: Qualification/Tax Lien Section Division of Corporations	# 29 SEE
SUBJECT: GLOBAL HEALTH CENTERS, INC.	PMV2:
(Name of corporation - must include suffix)	7
	E OF
Dear Sir or Madam:	G,
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence", and check are submitted to register the above referenced foreign to transact business in Florida.	
Please return all correspondence concepting this matter to the following:	音 题
KICHARD L. BACHHAN	水
(Name of Person)	M Segment
GLOBAL HEALTH CENTERS, Ihr.	OS S
(Firm/Company)	
(Firm/Company) 2800 NE 30 AVENUE # 1/1) (Address) (IGATHOUSE POINT, FZ 33064	33 75
(Address)	5
1.100=11-11= P = 5 330611	·
(Cin/Stat/7in)	
(City/State/Zip)	188069
nder sake nake sker sker	/0001015026 78.75 *****78.79
Should you need to call someone concerning this matter, please call:	10110
LOCUALO BACHAN at (561, 995-5885	·••
(Name of Person) (Area Code & Daytime Telephone Number)	篇 S D
	ECE Selection No. 120 Selection No. 120 Selecti
STREET ADDRESS: MAILING ADDRESS:	
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314	TOPATION TO
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certifi	Filing Fee, icate of Status & ed Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TE **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. (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 at present.) UPON QUALIFICATION (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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: Office Address:

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.

(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.

A. DIRECTOR	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:		
Address:		3
		20 CO
Address:		3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
Director:		
Address:		 .
President:	RS (Street address only - P.O. Box NOT acceptable) LICHAN BRUMAN JSUD NE 30th Mc #111) UGUT HUSE POINT, FL 33064	
Address:		
Secretary:	DR. MAUREN O'FLANAGAN 2800 NE 35th Ak # 11)	
Address:	GENTHOLHE POINT, FL 33064	
Treasurer:	Dr. MAURES O'FRANCEN	
Address:	UBLIHOUSE POINT FE 33064	
NOTE: If neo	cessary, you may attach an addendum to the application listing additional officers and/or directors.	-
14	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)	

PAGE 1



State of Delaware

001077164

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. 80X 898 DOVER, DELAWARE 19903

02-18-2000

9308097
PHILIP K. AKALP
29395 AGOURA RD., STE. 204
AGOURA HILLS CA

ATTN:

X#

91301

	DESCRIPTION	17	AMOUNT
GLOBAL HEALTH CENTERS, I	NC.		
	elaware Stock Co.		
	Incorporation Fee	 *	15.00
	Receiving/Indexing	*	25.00
	Data Entry Fee	×	10.00
Surchar	ge Assessment-Kent County	*	6.00
	ige Assessment-Kent County	*	18.00
	Expedite Fee, 24 Hour	*	50.00
* ITEMS WERE PREVIOUSLY BI	LLED FILING TOTAL		124.00
•	TOTAL PAYMENTS		124.00
	SERVICE REQUEST BALANCE		.00

STATE OF DELAWARE CERTIFICATE OF INCORPORATION OF Global Health Centers, Inc. A STOCK CORPORATION

ARTICLE I

The name of the Corporation is Global Health Centers, Inc.

ARTICLE II

The period of duration of the Corporation is perpetual.

ARTICLE III

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

ARTICLE IV

The total number of shares which the Corporation has authority to issue is 1,500 shares of common stock with \$1.00 par value per share.

ARTICLE V

The name and address information of the Registered Agent and Registered Office of the Corporation in the State of Delaware is:

National Registered Agents, Inc. 9 East Loockerman, Suite 214 Dover, Delaware 19901 in the county of Kent

ARTICLE VI

The name and mailing address of the incorporator of the Corporation is as follows:

Philip K. Akalp 29395 Agoura Road, Suite 204 Agoura Hills, California 91301

Philip K. Akalp, incorporator