

TO: Qualification/Registration Section Division of Corporations

SUBJECT: Society of Gastroenterology Nurses and Associates Foundation for Education and (Name of Corporation) Research, Inc.

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 conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

3000033123537 -07/05/0001004011 Mr. C. Michael Deese ****236.25 *****78.75
Mr. C. Michael Deese ******* (8. (5) (Name of Person)
Charapp, Deese & Weiss, LLP (Firm/Company)
Washington, D.C. 20006 (City, State and Zip Code)
For further information concerning this matter, please call:
Mr. C. Michael Deese at (202) 463 - 9100 2 - (Name of Person) Area Code & Daytime Telephone Number
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 \$□ \$78.75 Filing Fee \$□ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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:

Society of	f Gastroenterology Nurs	ses ai	nd Associates Foundation for	
1. <u>Education</u> (Name of corporations of like person or partnersh	and Research, Inc. on: must include the word "INCO	ORPOR	ATED" or "CORPORATION" or words or cate that it is a corporation instead of a natu sent. "Company" or "Co." may not be used	rau
corporate surrix by	a nonprofit corporation.)			•
2. New York		3.	51-0149057	
(State or country t	inder the law of which		(FEI number, if applicable)	
it is incorporated)				
4	c 29, 1994	_5	Perpetual ""	 .
(Date of Incorpora	ition)		(Duration: Year corp. will cease to exist on "perpetual"))I
Janu 6.	ary 1,2000			
(Date corpor	ation first conducted Affairs in F 617.1501, 617.1502, and 817.15	lorida - 5, F.S.)	TALL	00 JU
7. <u>7794 G</u>	row Drive			fri T
				ညီညှို့ လ
. Dowr1	- 771	_	,	2
	a, Florida 32514-707 Current mailing a	ddress)	,	- TS
				10 S
n : 5	in 1 /musle terroistion			PHIS: 10
^	onal/Trade Association		to the remind out in the state of Florida	<u> </u>
(Purpose(s) or corp	poration authorized in nome state	or coun	try to be carried out in the state of Florida)	
	et address of Florida regis	n (Name)		
77	94 Grow Drive			
		ce addi	ress)	
			*** * *	
Pe	ensacola		, Florida, <u>32514-7072</u> (Zip Code)	
	(City)		(Zip Code)	
10 Paristanal	agent's acceptance:			
Having been nam corporation at the registered agent of all statutes relewith and accept to	ted as registered agent and to place designated in this apart and agree to act in this capart and complete to the proper and complete obligations of my position	oplicat icity. plete p n as re		ıt as rovisions
Having been nam corporation at the registered agent of all statutes relewith and accept to	ted as registered agent and to place designated in this apart and agree to act in this capart and complete to the proper and complete obligations of my position	oplicat icity. plete p n as re	tion, I hereby accept the appointment I further agree to comply with the performance of my duties, and I am fegistered agent.	ıt as rovisions
Having been nam corporation at the registered agent of all statutes relewith and accept to	ted as registered agent and the place designated in this apparent agent and agree to act in this cape ative to the proper and complete obligations of my position (Registered)	oplicat icity. olete p n as re	tion, I hereby accept the appointment I further agree to comply with the performance of my duties, and I am fegistered agent.	it as rovisions familiar —

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)
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XXXXXXX: Trustee:	Frank Bass			4
Address:	393 Sagamore Avenue			
	Mineola, New York 11501			
Vice Civinnen: Trustee:	David R: DeLee	_		
Address:	2 Corporate Center Drive	_		
	Melville, New York 11747	_		
XXXXXXX: Trustee:	Karen Lang, RN, GCRN			
Address:	3829 Drew Avenue South	_		
	Minneapolis, Minnesota 55410			
	Peggy S. Mueller, MS, RN			
Address:	One Amgen Center Drive, M/S 37-2-C Thousand Oaks, California 91320	TALI SEC	00	
	Thousand Oaks, California 91320	AH/		
B. OFFICERS (Street address	ss only- P. O. Box NOT acceptable)	ARY	ည်	- Contract
President:	Nancy Shields, MSN, RN	- H9	PH 12:	
Address:	Nancy Shields, MSN, RN 4744 Drew Avenue South Minneapolis, Minnesota 55410	- STAT	2:	-
	Minneapolis, Minnesota 55410	_ P	0	
Vice President:	Nancy Shoop, BSN, RN, CGRN	_		
Address:	5107 Brookstone Lane			
	Indianapolis, Indiana 46268	_		
Secretary/Treasurer:	Phillip R. Fileri, Esq.	_		
Address:	700 Midtown Tower, Rochester, New Yo	ork 140	504–2	:070
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tor: Belinda E. Puetz, PhD, RN	_		
Address:	7794 Grow Drive, Pensacola, Florida	_32514		
and/or directors.	attach an addendum to the application listing addit	ional o	fficer	S
Belinda E. Puetz,	Ph.D., R.N., Executive Director			

(Typed or printed name and capacity of person signing application)

Addendum to the Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

Society of Gastroenterology Nurses and Associates Foundation for Education and Research, Inc.

12. Names and addresses of officers and/or directors: (continued)

A. TRUSTEES

Nancy S. Schlosssberg 700 Maury Avenue Norfolk, Virginia 23517

Karen P. Sundwick 854 Frank Street Flint, Michigan 48504



State of New York Department of State

I hereby certify, that the Certificate of Incorporation of SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES FOUNDATION FOR EDUCATION AND RESEARCH, INC. was filed on 09/29/1994, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of June two thousand.

Special Deputy Secretary of State

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SECRETARY OF STATE