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Dr. Howard O. Thompson, N.D.
512 Belvedere Court
Punta Gorda, Florida 3395

Phone: (941) 575-1220
Fax: (941) 639-9299
E-Mail: htompson@peganet.com

January 29, 2001

Qualification/Registration Section
Division Of Corporations.

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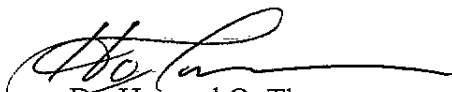
To Whom it may concern,

Enclosed is the Application for Foreign not for profit corp to conduct business in FL.

Please process as soon as possible as we are receiving mail for renewals and are waiting the approval to open a bank account and to reply to the clients.

As soon as we receive your approval we will be able to conduct pending business. Your cooperation in this matter will be greatly appreciated.

Sincerely,


Dr. Howard O. Thompson
President/CEO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: National Board of Examiners in Integrated/Alternative
~~Medicine, and Natural Health Science, Inc.~~
(Name of Corporation)

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:

Dr. Howard O. Thompson

(Name of Person)

National Board of Examiners in Integrated/Alternative Medicine and
Natural Science, Inc.

(Firm/Company)

512 Belvedere Ct.

(Address)

Punta Gorda, Fl. 33950

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Dr. Howard O. Thompson
(Name of Person)

at (941) 575 - 1226
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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & 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:**

1. National Board of Examiners in Integrated/Alternative
Medicine and Natural Health Science, 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. Kentucky 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 24, 2000 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. PMB 201 - 1133 Bal Harbor Blvd. - Suite 1139

Punta Gorda, Fl. 33950
(Current mailing address)

8. To set standards and guidelines in the field of Natural Health and
promote the highest standard of education to ensure the safety of
national health being available to the public. To grant certification
(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:
to individuals who meet the standards and requirements of this

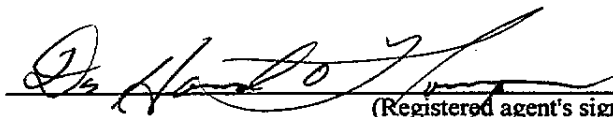
Dr. Howard G. Thompson (Name)

PMB 201 - 1133 Bal Harbor Blvd. Suite 1139
(Office address)

Punta Gorda, Florida, 33950
(City) (Zip Code)

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)

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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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Dr. Howard O. Thompson

Address: 512 Belvedere Court
Punta Gorda, FL 33950

Vice Chairman: Dr. James E. Miles

Address: 1914 North Austin Ave. Suite 300
Georgetown Tx. 78626

Director: Dr. Joseph N. Campochiaro

Address: 9807 Ensign Ct.
Fort Myers, FL 33919

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Dr. Howard O. Thompson

Address: 512 Belvedere Ct.
Punta Gorda, FL 33950

Vice President: Dr. Joseph N. Campochiaro

Address: 9807 Ensign Ct.
Fort Myers, FL 33919


Secretary: Dr. James E. Miles

Address: 1914 N. Austin Ave. Suite 300 Georgetown Tx. 78626

Treasurer: Dr. Howard O. Thompson

Address: 512 Belvedere Ct. Punta Gorda, FL 33950

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

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

Dr. Howard O. Thompson, President, CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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**JOHN Y. BROWN III
SECRETARY OF STATE**

CERTIFICATE OF EXISTENCE

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky,
do hereby certify that according to the records in the Office of the Secretary of State,

**NATIONAL BOARD OF EXAMINERS IN
INTEGRATED/ALTERNATIVE MEDICINE, AND NATURAL
HEALTH SCIENCE, INC.**

is a corporation duly organized and existing under KRS Chapter 271.B, whose date of
incorporation is March 24, 2000 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been
paid; that articles of dissolution have not been filed; and that the most recent annual
report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official
Seal at Frankfort, Kentucky, this 24th day of January, 2001.

John Y. Brown, III

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky

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