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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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:

m a t. Wool	th Leadership Network, Inc.	
At F - marging must includ	the word "INCORPORATED" of "CORPORATION"	
abbreviations of like import in tank	tained in the name at present. "Company" or "Co." may not be used	
corporate suffix by a nonprofit cor	poration.)	
, District of Columb	ia 3. 52-2305386	
(State or country under the law of		
it is incorporated)	بى بى Perpetual	
4. April 3, 2001	(Duration: Year corp. will cease to exist or	
(Date of Incorporation)	"perpetual")	
Arril 3, 2001		
(Date corporation first cond See sections 617.1501, 617	lacted Affairs in Florida - 1502, and 817.155, F.S.)	
7 1000 N. Ashley Driv	e, Suite 600	
7 226	22	
Tampa, Florida 336	JZ	
	(Current mailing address)	
	Assuring ashirms 100% has Ithaara	
8. To advocate for and	help communities across America achieve 100% healthcare ized in home state or country to be carried out in the state of Florida) access and the	
(Purpose(s) of cornoration author	They so have distant of country to be served and any and any access and the	
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· -	elimination of health dispari	tie.
9. Name and street address	elimination of health dispari	tie.
9. Name and street address	of Florida registered agent: SYSTEM	tie.
· -	of Florida registered agent:	tie.
9. Name and street address CT CORPORATION	system (Name)	tie
9. Name and street address CT CORPORATION	of Florida registered agent: SYSTEM	tie
9. Name and street address CT CORPORATION	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd.,	tie
9. Name and street address CT CORPORATION c/o CT CORPORATI	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd., (Office address) Florida, 33324	tie
9. Name and street address CT CORPORATION c/o CT CORPORATION Plantation	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd., (Office address)	tie
9. Name and street address CT CORPORATION c/o CT CORPORATION Plantation (C) 10. Registered agent's acc	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd., (Office address) , Florida, 33324 ity) (Zip Code) eptance:	tie
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9. Name and street address CT CORPORATION c/o CT CORPORATION Plantation (C) 10. Registered agent's acc Having been named as regist corporation at the place des registered agent and agree to fall statutes relative to the with and accept the obligation.	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd., (Office address) , Florida, 33324 ity) (Zip Code) eptance: tered agent and to accept service of process for the above stated tered agent and to accept service of process for the appointment as ignated in this application, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions proper and complete performance of my duties, and I am familiar ons of my position as registered agent. C T CORPORATION SYSTEM	tie
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9. Name and street address CT CORPORATION c/o CT CORPORATION Plantation (C) 10. Registered agent's accelerating been named as registered agent and agree to fall statutes relative to the with and accept the obligation.	of Florida registered agent: SYSTEM (Name) ON SYSTEM, 1200 S. Pine Island Rd., (Office address) , Florida, 33324 ity) (Zip Code) eptance: tered agent and to accept service of process for the above stated tered agent and to accept service of process for the appointment as ignated in this application, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions proper and complete performance of my duties, and I am familiar ons of my position as registered agent. C T CORPORATION SYSTEM	tie

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official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**	nd addresses of officers and/or directors: (Street address	only- P. O. Box
Nones and NOT acc	eptable)	only-P. O. Box of UF STATE FLORIDA
DIRECT	ORS (Street address only-P. O. Box 1001 acceptance)	30
airman:	Ron Ashworth	- Migh
dress:	2039 Geyer Road N.	
	St. Louis, MO 63131	
ce Chairm	an: Phyllis Busansky	
Address:	3611 Schefflera Road	
	Tampa, FL 33618	
rector:	Mary Lou Andersen	
	41 Bernard Blvd.	
:Otess	Hockessin, DE 19707	
	John Scanlon	
irector:	11314 Chapel Road	
ddress:	Fairfax, VA 22039	<u>.</u>
resident:_		
	3611 Schefflera Road	
rdate22	Tampa, FL 33618	
 Jice Presid	lent:	
(duros)		
	Karen Minyard, Ph.D.	
	1295 Woodcrest Drive, Macon, GA 31210	
Address: _	Alan McKenzie	
Freasurer:	304 Summit Street, Asheville, NC 28803	
Address:_ NOTE: If and/or dire	necessary, you may attach an addendum to the application li	sting additional officers
13. (Signatur	e of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)
D.	resident/Vice Chairman, Phyllis Busansky (Typed or printed name and capacity of person signing application)	

Item 12 - Continued

Directors:

Daniel E. Coleman 8 Whittier Place, 14H Boston, MA 02114

Kenneth R. Jennings, Ph.D. VentureWorks 245 Park Avenue, 43rd Floor New York, NY 10167-0152

Irv Katz
National Assembly of Health &
Human Services Organizations
1319 F Street, Suite 601
Washington, DC 20004

Doug Krug Enlightened Leadership 6100 Belleview Avenue, Suite G-11 Englewood, CO 80112-1632

Alan T. McKenzie Buncombe County Medical Society 304 Summit Street Asheville, NC 28803

Karen Minyard, Ph.D. 1295 Woodcrest Drive Macon, GA 31210

Ben Raimer, M.D.
The University of Texas
Medical Branch at Galveston
Administration Bldg., Suite 5.118
301 University Blvd.
Galveston, TX 77555-0103



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



CERTIFICATE



THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **3rd** day of **April**, **2001** *Articles of Incorporation of:*

THE COMMUNITY HEALTH LEADERSHIP NETWORK, INC.

The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to **conduct its affairs** in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in **Good Standing**, according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 21st day of August, 2001.

David Clark DIRECTOR

Elizabeth O. Kim

Administrator

Business Regulation Administration

Maxine M. Hinson

Act. Assistant Superintendent of Corporations

Corporations Division