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Florida Department of State
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FOR
NON-
PROFIT

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : T20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FOREIGN NON-PROFIT QUALIFICATION

The National Institute of Telehealth, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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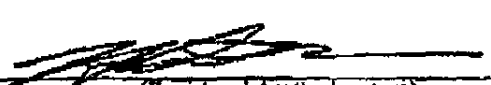
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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

**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. The National Institute of Telehealth, 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. Delaware
(State or country under the law of which it is incorporated)
3. 81-0664353
(FEI number, if applicable)
4. 02/02/2005
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Not Applicable
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 699 East Fifth Avenue
(Principal office address)
Mount Dora, Florida 32757
(Current mailing address)
8. Charitable, Education and Scientific
(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: (P.O. Box **NOT** acceptable)
Name: Harlow C. Middleton
Office Address: 699 East Fifth Avenue
Mount Dora, Florida 32757
(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)

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,

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CAPITAL CONNECTION

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02/17 '05 11:30 NO.309 03/04

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donna H. Brown

Address: 699 East Fifth Avenue, Mount Dora, Florida 32757

Vice Chairman: Thomas L. DeEmedio

Address: 4185 Kirkwood-St. Georges Road, Bear, DE 19701

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Donna H. Brown

Address: 699 East Fifth Avenue, Mount Dora, Florida 32757

Vice President: Thomas L. DeEmedio

Address: 4185 Kirkwood-St. Georges Road, Bear, DE 19701

Secretary: Harlow C. Middleton

Address: 699 East Fifth Avenue, Mount Dora, FL 32757

Treasurer: Thomas L. DeEmedio

Address: 4185 Kirkwood-St. Georges Road, Bear, DE 19701

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

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

14. Harlow C. Middleton / Secretary
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE NATIONAL INSTITUTE OF TELEHEALTH" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE NATIONAL INSTITUTE OF TELEHEALTH" WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3687500

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DATE: 02-16-05