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SECRETARY OF SW. 10.

SWINN OF CORPORATION

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: International Hepato-Pancreato-Billiary Association, Inc. (Name of Corporation - must include suffix)
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 conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
LORRAINE CORSED (Name of Person)
International Hepato-Pancreato-Billiary Association,
341 N. Maitland Ave
<u>5+e 130</u> (Address)
Maitland FL 32751 (City/State and Zip Code)
For further information concerning this matter, please call:
LORRAINE CORORD at (407) 647-8839 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee



FILEU SECHETARY OF STATE DIVISION OF CORPORATION

2009 APR - 1 PM 2: 14

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2009

LORRAINE CORPERO 341 N. MAITLAND AVENUE SUITE 130 MAITLAND, FL 32751

SUBJECT: INTERNATION HEPATO - PARCREATO - BILLIGAY ASSOC.

Ref. Number: W09000011653

We have received your document for INTERNATION HEPATO - PARCREATO - BILLIGAY ASSOC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden

Regulatory Specialist II New Filing Section

Letter Number: 809A00008472

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. <u>International Hepato-Panctecto-Billiary Assoc</u> (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbre import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	viations of not so con	TAC tained
2. State or country under the law of which it is incorporated) 4. Tone 8, 2001 (Date of Incorporation) 5. Per or togal (Duration: Year corp. will cease to exist or		
(Date of Incorporation) (Duration; Year corp. will cease to exist or 6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine		
7. 341 N maitland Ave Ste 130, Winter (Principal office address) 32	Park 2792	<u>F</u> L
(Current mailing address)		
8. Non PROFIT ORGANIZATION (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)	2009 APR - 1 PM	THE SACRETARY OF CORP
Name: Phil Pyster Office Address: 341 N. Maitland Ave Ste 130		CRATICS
Maitland, Florida 3275/ (Zip Code)		
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpordesignated in this application, I hereby accept the appointment as registered agent and agree to acfurther agree to comply with the provisions of all statutes relative to the proper and complete performance, and I am familiar with and accept the obligations of my position as registered agent.	t in this c	apacity. I
(Registered Agent's signature)	-	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery to the Department of State, by the Secretary of State or other official having custody of corporate		

jurisdiction under the law of which it is incorporated.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

A. DIRECTORS 2009 APR - 1 PM 2: 14

Chairman: James Toouli Flinders Medical Ctr Dept of Surge
Chairman: James Toouli, Flinders Medical Ctr, Dept of Surgarders: Bedford Park, South Australia 5042
Vice Chairman: Tadahiro Takada, 1st DED+ of Surgery Address: Teikyo Univ School School of MEd.
2-11-1 Kago-Cho, Ttabashi-Ku, Tokyo Japan Director: 172 Nry A. Pitt, Medical College of Wisconsi Address: Dept of Surgery, \$ 9200 D. Wisconsion Ave
Milwaukee, WD 5322L
Director: 17 UUG OBERTOF, DEPT of Surgery Academic Address: MEd. CENTE, MEI BERG dreef & DETRELANDS.
President: Phil Pyster Address: 341 D maitlans Ave Ste 130 Maitlans FL 32751
Vice President:Address:
Secretary:Address:
Freasurer:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 3. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4. This pyst st (Typed or printed name and capacity of person signing application)

DOM 180 181 185 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

INTERNATIONAL HEPATO-PANCREATO-BILIARY ASSOCIATION, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 8, 2001.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 24, 2009.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

BY: Potucia When

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.