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**FOREIGN PROFIT/NONPROFIT CORPORATION  
THE CANCER THERAPY INSTITUTE, INC.**

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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 CANCER THERAPY INSTITUTE, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NORTH CAROLINA 3. 45-3545523  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 05, 2011 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606  
(Principal office address)

2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606  
(Current mailing address)

8. ADVANCE BIOMEDICAL INTO A CURE FOR CANCER, PATIENT SUPPORT AND EDUCATIONAL SERVICES  
(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: DUANE A MITCHELL

Office Address: 2691 NW 138TH TERRACE

GAINESVILLE, Florida 32606  
(City) (Zip Code)

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

A. DIRECTORS

Chairman: DUANE A MITCHELL  
Address: 2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

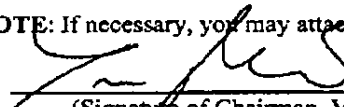
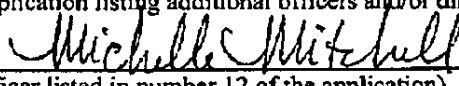
President: DUANE A MITCHELL  
Address: 2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: MICHELLE E MITCHELL  
Address: 2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606

Treasurer: MICHELLE E MITCHELL  
Address: 2691 NW 138TH TERRACE, GAINESVILLE, FLORIDA 32606

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)

14. DUANE A MITCHELL MICHELLE E MITCHELL  
(Typed or printed name and capacity of person signing application)

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**NORTH CAROLINA**  
**Department of the Secretary of State**

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**CERTIFICATE OF EXISTENCE**

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**THE CANCER THERAPY INSTITUTE, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of October, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of September, 2014.

*Elaine F. Marshall*

Secretary of State

Certification# 95937632-1 Reference# 12175735- Page: 1 of 1  
Verify this certificate online at [www.secretary.state.nc.us/verification](http://www.secretary.state.nc.us/verification)

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