

# F95000005931

TRANSMITTAL LETTER

TO: Qualification/Registration Section  
Division of Corporations

SUBJECT: Eclectic Medical Society of the  
(Name of Corporation)  
District of Columbia

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:

700001653227  
-12/05/95--01064--003  
\*\*\*\*122.50 \*\*\*\*122.50

Bradley E. Essman, Esq.  
(Name of Person)

Alternative Healthcare Connections, Inc.  
(Firm/Company)

1410 Magellan  
(Address)

Sarasota FL 34243  
(City, State and Zip Code)

For further information concerning this matter, please call:

Brad Essman at (941) 758-9798  
(Name of Person) Area Code & Daytime Telephone Number

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COURIER 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

**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. Eclectic Medical Society of the District of Columbia, 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. District of Columbia 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/18/1893 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or perpetual)

6. 11/16/95  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 1410 Magellan Drive  
Sarasota, FL 34243  
(Current mailing address)

8. Interdisciplinary Medical educational network  
(Purpose(s) of corporation authorized in some state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Bradley E. Ebsman, Esq.  
(Name)

1410 Magellan Drive  
(Office address)

Sarasota, Florida, 34243  
(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.*

Bradley E. Ebsman  
(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. G. Tyrone A. Bellamy (MD, ND)

Address: P.O. Box 15  
Rigby, Idaho 83442-0015

Vice Chairman: Bradley E. Essiman

Address: 1410 Magellan Dr.  
Sarasota, FL 34243

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

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

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

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

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

President: \_\_\_\_\_

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

Vice President: ALLEN B. ITRIN MD

Address: 440 MEADOW LAKE DR.  
SARASOTA, FL 34236

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

ALLEN B. ITRIN MD President  
(Typed or printed name and capacity of person signing application)

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUSINESS REGULATION ADMINISTRATION



CERTIFICATE

THIS IS TO CERTIFY that on February 18, 1893  
pursuant SPECIAL ACT OF CONGRESS, 27 Stat. 461-462,  
ECLECTIC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

was chartered as a corporation, and is recognized as a corporate entity, and  
by law, is authorized to conduct its affairs in the District of Columbia.

WE FURTHER CERTIFY that the said corporation was granted perpetual  
succession and has not been dissolved.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal  
of this office to be affixed this 13th day of November, 1995

Hampton Cross  
Director

Katherine A. Williams

Business Regulation Regulation

Acting

Superintendent of Corporations  
Corporations Division

Marion Barry, Jr.  
Mayor

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