

F 96000000296

AMERICAN ACADEMY FOUNDATION
P.O. BOX 3699
HUNTINGTON BEACH, CA 92605

OFFICE USE ONLY

000001642020
-11/20/95--01089--011
*****70.00 *****70.00

W95-22941

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMERICAN ACADEMY OF WORKERS COMPENSATION
(Corporation Name) (Document #)
2. SPECIALISTS INC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 18 AM 8:10

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 21, 1995

**AMERICAN ACADEMY FOUNDATION
PO BOX 3599
HUNTINGTON BEACH, CA 92605**

**SUBJECT: AMERICAN ACADEMY OF WORKERS COMPENSATION
SPECIALISTS, INC.
Ref. Number: W95000022941**

We have received your document for AMERICAN ACADEMY OF WORKERS COMPENSATION SPECIALISTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Although your application lists the corporate purpose as "Nonprofit public benefit," the application itself is for a Profit corporation. Attached is an application for a Not-for-Profit corporation. Please complete this application, including the transmittal letter found on the back of the instruction page.

A certificate of existence, 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.

Please return 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 (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 295A00051338



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

December 15, 1995

AMERICAN ACADEMY FOUNDATION
PO BOX 3599
HUNTINGTON BEACH, CA 92605

SUBJECT: AMERICAN ACADEMY OF WORKERS COMPENSATION
SPECIALISTS, INC.
Ref. Number: W95000022941

We have received your document for AMERICAN ACADEMY OF WORKERS COMPENSATION SPECIALISTS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Although you corrected your application, you failed to submit the certificate of existence requested in our previous letter, a copy of which is attached.

Please return 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 (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 695A00054307

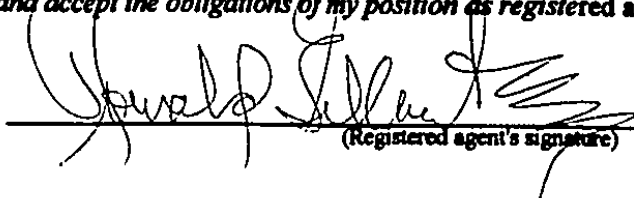
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**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. American Academy of Workers Compensation Specialists, 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. California
(State or country under the law of which it is incorporated)
3. 33-0010526
(FBI number, if applicable)
4. 1986
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or perpetual)
6. 8/95
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.153, F.S.)
7. P.O. Box 3599
Huntington Beach, CA 92605
(Current mailing address)
8. Medical, Research & Development; Aid to disabled workers
(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:
- Ronald Gilbert, M.D.
(Name)
- 1413 Pinetree Cr.
(Office address)
- Wimauma, Florida, 33598
(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)

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DIVISION OF CORPORATIONS
JAN 18 AM 8:10

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Ronald Gilbert, M.D.

Address: 1413 Pinetree, Wimauma FLA 22598

Vice President: _____

Address: _____

Secretary: Gloria Evans

Address: 1413 Pinetree, Wimauma FLA 22598

Treasurer: _____

Address: _____

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)

Ronald Gilbert, M.D.

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 18 AM 8:10



State of California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 22nd day of January, 19 87

AMERICAN ACADEMY OF WORKERS COMPENSATION SPECIALISTS

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
4th day of January, 1996



Bill Jones
BILL JONES
Secretary of State

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AMERICAN ACADEMY OF WORKERS
COMPENSATION SPECIALISTS, INC.
P.O. Box 3599
Huntington Beach, CA 92605-3599
(714) 377-4424 FAX (714) 846-0319

February 7, 1996

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Lee

In November we sent an Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in Florida (see copy attached). The FEI # was incorrectly listed as 33-0010526. The correct number is #33-0311438. Please change your paperwork to reflect the correct number.

We apologize for this mistake. One of our original letters from the IRS had the incorrect number which was copied on other paperwork. The IRS has confirmed the #33-0311438 FEI number as the correct one.

Thank you.

Sincerely,



Ronald Gilbert, M.D.
CEO

RG/jl

F96-296

updated LR 2/13/96