

F96000000743

TO: Qualification/Tax Lien Section
Division of Corporations

800001706318
-02/05/95--01064--003
*****78.75 *****78.75

SUBJECT: Alternative HealthCare Connections, Inc. (AHCC)
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W96-2734

Brad Estman
(Name of Person)

AHCC
(Firm/Company)

1410 Magellan Dr., Ste. 101
(Address)

Sarasota, FL 34243
(City/State/Zip)

FILED
95 FEB 13 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

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

COURIER ADDRESS:

Qualification/Tax Lien Sec.
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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 6, 1996

BRAD ESSMAN
AHCC
1410 MAGELLAN DR., #101
SARASOTA, FL 34243

SUBJECT: ALTERNATIVE HEALTH CARE CONNECTIONS, INC.
Ref. Number: W96000002734

We have received your document for **ALTERNATIVE HEALTH CARE CONNECTIONS, INC.** and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 696A00005101

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Alternative Health Care Connections Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. Nevada
(State or country under the law of which it is incorporated)
3. 65-0617815
(FEI number, if applicable)
4. June 23, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. "Upon Qualification"
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1410 Magellan Dr., Ste 101
Sarasota, FL 34243
(Current mailing address)
8. Marketing/Sales, promotion & education
(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 or Mail Drop Box NOT acceptable)
Name: Bradley E. Essman
Office Address: 1410 Magellan Dr., Ste 101
Sarasota, FL, Florida, 34243
(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. Essman
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

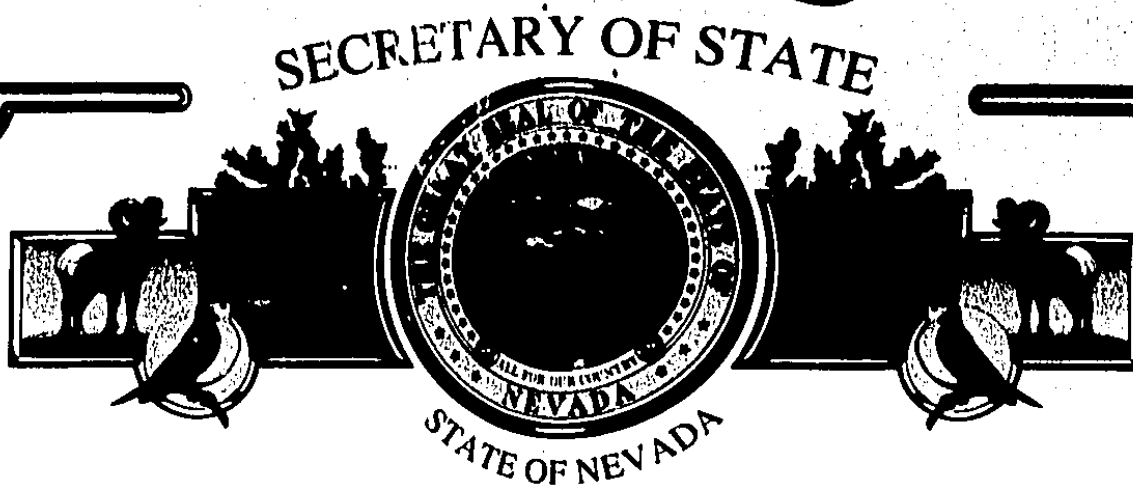
Chairman: Faith Hancock Simolari
Address: 1410 Magellan Dr., Sarasota FL 34243
Vice Chairman: Dr. G. Tyrone A. Bellamy
Address: P.O. Box 15 - NA
Rigby, ID 83442
Director: Jim Harrison
Address: P.O. Box 911816 - NA
Sherman, TX 75091
Director: _____
Address: _____

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

President: Bradley E. Essman
Address: 1410 Magellan Dr., Ste. 101
Sarasota, FL 34243
Vice President: Hal W. Fitch
Address: 1410 Magellan Dr., Ste 101
Sarasota, FL 34243
Secretary: Bradley E. Essman
Address: same
Treasurer: _____
Address: _____

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

13. Bradley E. Essman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Bradley E. Essman Pres / General Counsel
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF CORPORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **ALTERNATIVE HEALTH CARE CONNECTIONS, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 18th day of January, 1996.

Dean Heller

Secretary of State

By *Jennille Shuemaker*

Certification Clerk

FILED
FEB 13 AM 9:13
CLERK OF STATE
TAMMASEE, FLORIDA

F96000000743
Law Offices of
TIMOTHY W. GENSMER, P. A.

ATTORNEY AT LAW

1831 RINGLING BLVD., SUITE #202-A
SARASOTA, FLORIDA 34237-5383

TELEPHONE: (941) 952-9377

FAX: (941) 954-5605

Reply to: **XX**Sarasota; **__**Pt. Charlotte

4000 SOUTH TAMiami TRAIL
PT. CHARLOTTE, FLORIDA 33963

TELEPHONE: (941) 423-7409

December 20, 1996

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

**RE: FOREIGN CORPORATION'S WITHDRAWAL TO TRANSACT BUSINESS FOR
ALTERNATIVE HEALTH CARE CONNECTIONS, INC.**

Dear Sir/Madam:

Please find enclosed Application by Foreign Corporation for
Withdrawal of Authority to Transact Business or Conduct Affairs in
Florida for Alternative Health Care Connections, Inc. I have also
enclosed my check in the amount of \$35.00 for the filing of same.

Please call me if you have any questions.

Very truly yours,

TIMOTHY W. GENSMER, P.A.


Timothy W. Gensmer

TWG/dlm

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*****00 *****35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 26 PM 3:39

FILED

*Withdrawal
LFT*

1-9-97

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

ALTERNATIVE HEALTH CARE CONNECTIONS, INC.

(Name of Corporation)

NEVADA

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

1800 Ben Franklin

(Mailing Address)

Sarasota, Florida 34236

(City/ State /Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Faith Hancock Simolari Pres., Sec., Treas.
Signature Title

Faith Hancock Simolari 12-19-96
Typed or printed name Date