COPILEVITZ & CANTER

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(CO. Bill 100 (1AA (20) (3)) 0841

FIGURE 1997 (10) 10 (1AB (20) (3)) 0841

March 8, 1996

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Cinterandes USA, Inc.

Dear Madam/Sir:

Enclosed please find the Application by Foreign Not For Profit Corporation for Authorization to Conduct its Affairs in Florida for the above-referenced organization. The filing fee of \$70.00 has been provided, as well as a Certificate of Good Standing.

Should you have any questions or comments concerning this matter, feel free to contact me.

Very truly yours,

200001745602 -03/15/96--01127--004 *****70.00 *****70.00

Kara L. Cain Legal Assistant For the Firm

:klc Enclosures

cc: Cinterandes

of 3/2/

SECRETARY OF STATE DIVISION OF CORPORATIONS

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. Cinterunde						
(Name of o words or abt instead of a i	corporation: must include the wooreviations of like import in langunatural person or partnership if r	ord "INCORPORATED" or "CORPORATION" or uage as will clearly indicate that it is a corporation not so contained in the name at present.)				
2. <u>CA</u> (State or country under the laws	of which it is incorporated)				
3. 4-30-91		4. Perpetual				
(Date of Incorporation)		(Duration)				
5. 943145385						
0. <u>////////////////////////////////////</u>	(Federal Employer Ident	ification number, if applicable)				
6. WHEN PRO	OPERLY QUALIFIED	11- 0 047 4504 047 4500 and				
(Date corpor 817.155, F.S	ation first conducted affairs in Fi	orida. See sections 617.1501, 617.1502, and				
7 2149 Lyon	Street San Francisco, CA. 94115					
	(Current mailin	g address)				
8. SEE ATTA	CHED TEXT FOR PURPOSE					
(Purpose(s) Florida)	of corporation authorized in hon	ne state or country to be carried out in the state of				
9. Names ar	nd addresses of officers and/or o	directors:				
A. Direct	tors:	98 98				
Chairman:	SEE ATTACHED LIST OF OFFICER	S/DIRECTORS 5 50				
	SEE ATTACHES LIST OF OTTICES	1 22				
Address:						
		₹ ±20				
Vice Chairma	ยก:	9 9 9 7				
Address:						
Director:						
Address:						
AUG 933.						
Director:						
Address:						
AUGI 633.						

résident: .ddress:	Same as above.	·				
GGI 635.						
ice Presiden	t:					
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rectors.)	nd Street ad	dress of Flo Doris Emer 914 East Ri	orida register son idge Village Drive	ed agent:		or
irectors.) O. Name a Office	nd Street ad Name: a Address:	dress of Fid Doris Emer 914 East Ri Miami	orida register son idge Village Drive	ed agent:	nal officers and/	or
Office Name a Office Register Having a registered	nd Street ad Name: Address: red agent's a been named ation at the agent and ag	dress of Flo Doris Emer 914 East Ri Miami acceptance I as registere lace designates to act in	orida register son idge Village Drive c: ed agent and sated in this ap a this capacity. proper and co ions of my pos	o accept service of polication, I hereby accepted to complete performance sition as registered a	Zip Code process for the appoint omply with the original of my duties, augent.	abov
Office Name a Office Registe Having tated corpors registered rovisions of m familiar with the corporation of the corporatio	nd Street ad Name: Address: red agent's a been named ation at the agent and ag	Doris Emer 914 East Ri Miami acceptance I as registere lace designere to act in lative to the	orida register son idge Village Drive c: ed agent and sated in this ap a this capacity. proper and co ions of my pos	o accept service of polication, I hereby accepted to complete performance	Zip Code process for the appoint omply with the original of my duties, augent.	abov
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Electronic Forms Charity Copilevitz & Canter Form Attachments.

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As of Jan 24,96 Printed Wed Jan 24,96 1:03p

TEXT FOR PURPOSE

A. To provide free health services including surgery, primary care, disease prevention and health education to underserved populations in Ecuador.

B. To recycle and distribute medical supplies and equipment to free and homeless clinics and hospitals in the Bay Area

and in Equador.

C. To create clinical research collaborations between United States and Ecuadorian medical institutions to promote community-oriented primary care for minority and indigenous people.

D. To provide medical students elective clerkships in rural communities in South America to promote Spanish literacy. Scholarships will be given to support medical students and volunteer physicians working abroad.

DIVISION OF CORPORATIONS

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Electronic Forms Charity Page Copilevitz & Canter Form Attachments. As of Jan 24,96 Printed Wed Jan 24,96 1:03p LIST OF OFFICERS/DIRECTORS Evaleen Jones, M.D. Pres./Fndr/Chair 2149 Lyon Street #5 San Francisco, CA. 94115 (415) 673-6234 SSN: 141540690 DOB: 2-6-61Driver lic: C6301701 CA Edgar Rodas, M.D. Board Member Calle Juan Iniguez 2-48 Cuenca 5937-810-512 Ecuador, DOB: 4-13-36Driver lic: SSN: N/A Cecilia Acosta de Anderson Board Member 1451 Beach Park Blvd. #122 Foster City, CA. 94404 (415) 957-5921 SSN: 47464358 DOB: 4-17-42Driver lic: 10078764 Joseph Habis, M.D. Board Member Yountville Primary Care & Travel 1133 Edwards St., #A St. Helena, CA. 94574 (707) 945-1240 SSN: 572575023 DOB: 10-15-62Driver lic: V8125583 CA Terry Lynn Karl, Ph.D. Board Member 968 Sanchez Street San Francisco, CA. 94114 (415) 723-4444 DOB: 11-21-47Driver lic: N3186424 SSN: 494520049 CA Samuel WM. LeBaron, M.D., Ph.D. Board Member 2149 Lyon Street

(415) 725-1105

DOB: 10-30-43Driver lic: P0834555

SSN: 565253318 DOB: 4- 8-58Driver lic: N4550994

(415) 723-5956

EFC401 Page

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CA

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#5

San Francisco, CA. 94115

460 Summit Springs Road

SSN: 529569875

Board Member

Mark A. Vierra, M.D.

Woodside, CA. 94062

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Page

As of Jan 24,96 Printed Wed Jan 24,96 1:

James Conrad CFO & Treasurer 2149 Lyon Street #5

San Francisco, CA. 94115 (415) 921-7140

SSN: 399443735 DOB: 8-27-51Driver lic: N6069327

CA

Jennifer Vaughn Adm Asst. & Sec 982 33rd Avenue

San Francisco, CA. 94121 (415) 366-3449

SSN: 461634677 DOB: 2- 6-70Driver lic: B4806206

Roberto Iniguez 8 Tralee Way San Rafael, CA. SSN: 547727794

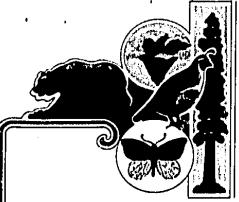
DOB: 12-24-32Driver lic: H0742662

CA

CA

DIVISION OF CORPORATIONS

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State California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

30th day of April , 19 91 5 That on the _____

CINTERANDES USA, INC.

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 21st day of December, 1995

Secretary of State

SEC/STATE FORM CE-112 (REV. 1-95)

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