

**THE COMPANY CORPORATION**  
Three Christina Centre • 201 N. DuPont Street • Wilmington, Delaware 19801 • Telephone (302) 575-0440 • Fax (302) 575-1346

April 1, 1996

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

RE: Health Dynamics Research Co.  
9602232595262

400001782614  
-04/16/96--01108--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir or Madam:

Enclosed please find Application for Authority (and related documents, if appropriate) and our check in the amount of \$70.00 for Health Dynamics Research Co.

Please file and return all related correspondence to my attention at the address listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 7003, with questions regarding the enclosed application.

Sincerely,

*J.*  
Christine Jeandell  
Corporate Service Representative

enc.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. HEALTH DYNAMICS RESEARCH CO  
(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. DELAWARE 3. 59-3362055  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-23-1996 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. APRIL 1 - 1996  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.105, F.S.))
7. 5802 Hoffner Ave., Suite 706  
Orlando FL 32822  
(Current mailing address)
8. TO PERPETUATE RESEARCH IN THE FIELD OF HEALTHCARE  
(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:**

Name: Larry Wolfe

Office Address: 200-A John Knox Road  
Tallahassee, Florida, 32303-6643  
(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.*

see attached

(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.

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

A. DIRECTORS

Chairman: Dr. Nick Vanden Brekel  
Address: 5715 Bent pine drive # 314  
Orlando, FL 32822  
Vice Chairman: maggie vandenbrekel  
Address: 8206 oakland place  
Orlando, FL 32819  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

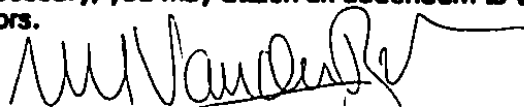
B. OFFICERS

President: Dr. Nick Vanden Brekel  
Address: 5715 Bent pine drive #314  
Orlando, FL 32822  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: same as above  
Address: \_\_\_\_\_  
Treasurer: same as above  
Address: \_\_\_\_\_

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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)

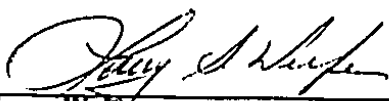
14. Dr. Nick H. Vanden Brekel  
(Typed or printed name and capacity of person signing application)

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS  
MAY BE SERVED.**

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this Health Dynamics Research Co. desiring to  
organize under the laws of the state of Florida with its principal place of business located in  
the city of Orlando, State of Florida, has named Larry Wolfe  
located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of  
process within Florida.

Having been named to accept service of process for the above stated corporation, at  
the place designated in this Certificate, I hereby agree to act in this capacity, and I further  
agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties.

  
Larry Wolfe

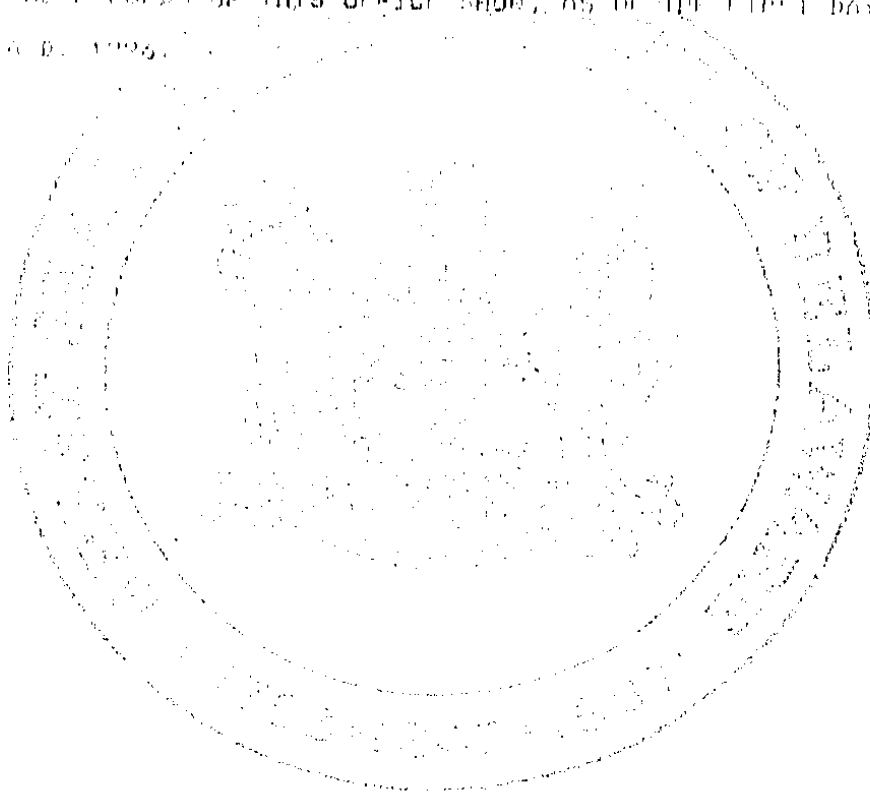
April 3, 1996  
Date

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State of Delaware  
Office of the Secretary of State

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EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE ABOVE RECORDED COPY IS  
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS  
IN GOOD STANDING AND HAS A LEGAL AND CORRECT EXISTENCE AND AS  
THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL,  
A.D. 1996.



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*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: