

F96000002745

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

400001837744
-05/24/96--01010--008
*****78.75 *****78.75

SUBJECT: Ola Grimsby Institute, Inc.
(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:

Jan Cabe
(Name of Person)

Ola Grimsby Institute, Inc.
(Firm/Company)

4420 Hotel Circle Court, Suite 210
(Address)

San Diego, CA 92108
(City/State/Zip)

WAB-11127

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

Jan Cabe at (419) 298-4116
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -3 AM 8:32



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 24, 1996

JAN CABE
OLA GRIMSBY INSTITUTE, INC.
4420 HOTEL CIRCLE CT, SUITE 210
SAN DIEGO, CA 92108

SUBJECT: OLA GRIMSBY INSTITUTE, INC.
Ref. Number: W96000011127

We have received your document for OLA GRIMSBY INSTITUTE, 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 confirm whether said corporation is organized for "profit" or "not for profit" in the State of California. If said corporation is organized not for profit, an "Application By Foreign Not For Profit Corporation For Authorization To Conduct Its Affairs In Florida" must be completed.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 296A00026093

**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. Ola Grimsby Institute, 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. California 3. 33-044-2852
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. July 1990 5. Perpetual
(Date of incorporation) (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. 4420 Hotel Circle Court, Suite 210
San Diego, CA 92108
(Current mailing address)

8. Manual Therapy Instruction
(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: CT Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation, Florida, 33324
(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.

By: D. F. Hickey
(Registered agent's signature)

D. F. Hickey, Assistant Secretary

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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DIVISION OF CORPORATIONS
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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: Ola Grimsby
Address: 3914 Kenosha Avenue
San Diego, CA 92117
Vice Chairman: N/A
Address: _____

Director: Ola Grimsby
Address: 3914 Kenosha Avenue
San Diego, CA 92117
Director: Kathleen Grimsby
Address: 3914 Kenosha Avenue
San Diego, CA 92117

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

President: Ken Anderson, MD
Address: 4490 Fanuel Street
San Diego CA 92109
Vice President: Kathleen Grimsby
Address: 3914 Kenosha Avenue
San Diego, CA 92117
Secretary: Laura Rodgers
Address: 7751 Gold Fish Way
San Diego, CA 92129
Treasurer: Jan Calce
Address: 700 Duoro Drive
Chula Vista, CA 91910

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. _____

Ola Grimsby, Chairman
(Typed or printed name and capacity of person signing application)



State of California

SECRETARY OF STATE



CERTIFICATE OF STATUS DOMESTIC CORPORATION

C1569187

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DIVISION OF CORPORATIONS
96 JUN -3 AM 8:32

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

That on the 25TH day of JULY, 19 90,

OLA GRIMSBY INSTITUTE, INC.

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

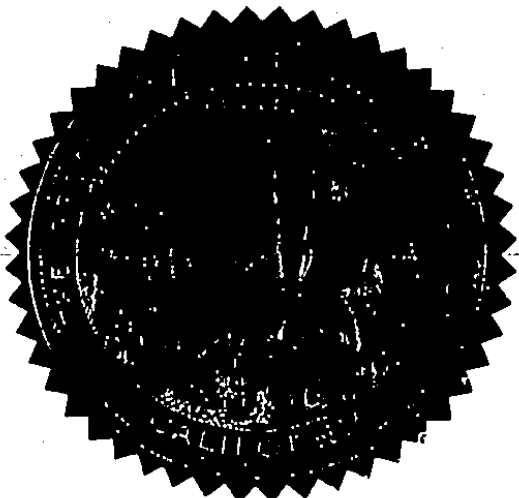
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

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
17TH day of MAY, 1996



Bill Jones
BILL JONES
Secretary of State