

# F98000006648

## TRANSMITTAL LETTER

TO: Qualification/Registration Section  
Division of Corporations

SUBJECT: Friends of Chelation Society  
(Name of Corporation)

000002703580--7  
-12/04/98--01089--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Larry Bell  
(Name of Person)  
Friends OF Chelation Society  
(Firm/Company)  
255 N EL CIELO Rd. Ste # 690  
(Address)  
Palm Springs, Ca. 92262  
(City, State and Zip Code)

For further information concerning this matter, please call:

ELaine Burns at ( 760 ) 416 - 2815  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**  
Qualification/Tax Lien Section  
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  
98 DEC -7 AM 8:38  
TALLAHASSEE, FLORIDA

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**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. Friends of Chelation Society, 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 3. 33-0705598  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 23, 1996 5. December 31, 2000  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 10/5/98  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. Tony Johnson, Branch mgr./Friends of Chelation Society of Altamonte  
445 S. Northlake Blvd, Altamonte Spgs. Fl. 32701  
(Current mailing address)
8. To promote chelation therapy by establishing branch offices.  
(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:**

Tony Johnson  
(Name)  
445 S-Northlake Blvd  
(Office address)  
Altamonte Springs, Florida, 32701  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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**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.

Tony Johnson  
(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: (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: LARRY BELL

Address: 58 Durango Circle

Rancho Mirage 92270

Vice President: ELAINE BURNS

Address: 1244 W. King St.

Banning, CA 92220

Secretary: ERVEN ROSALES

Address: 7233 Sunny Vista Rd., Joshua Tree, CA 92252

Treasurer: DOROTHY GLASS

Address: 9038 Clubhouse Blvd., Desert Hot Springs, CA 92240

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

13. Larry Bell Chairman/President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

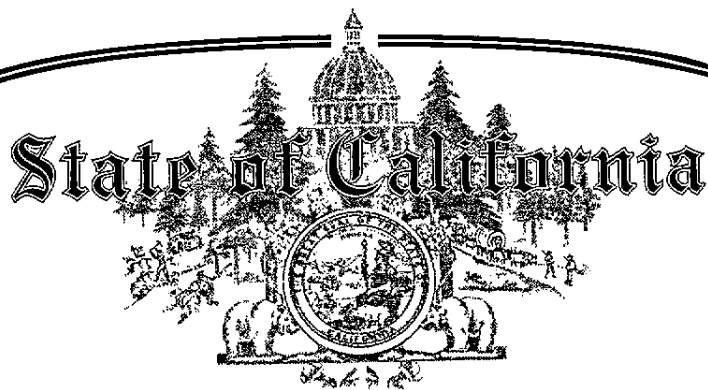
LARRY BELL, President

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

That on the 23rd day of April, 19 96,

#### FRIENDS OF CHELATION SOCIETY

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.

I further certify that said corporation is classified as a Nonprofit Public Benefit Corporation.

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

November 6, 1998



*Bill Jones*

Secretary of State