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SECRET  
TALLAHASSEE, FLORIDA

03 DEC -8 PM 12:31

FILED

## TRANSMITTAL LETTER

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

SUBJECT: The Florida Health Fraud Coalition, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Moira Freeman  
Name (Printed or typed)

4951A Adamo Drive #120

Address

Tampa, FL 33605

City, State & Zip

(813) 307-8027

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

## **ARTICLE I NAME**

The name of the corporation shall be:

The Florida Health Fraud Coalition, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

555 Winderly Place #200  
Maitland, FL 32751

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Educate the citizens of Florida about fraudulent health practices, including deceptive or ineffective treatments.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Officers are elected bi-annually from and by Members of the Board of Directors. Officers hold office for two (2) years or until his/her successor is duly elected and installed. The Board Members (Directors) are elected by the Board and general membership at an annual meeting. All Board Members are elected to a two (2) year term.

## **ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Laura Reeves, Board Chair  
2578 Frank Smith Road  
Quincy, FL 32352

Clara Lawhead, Vice Chair  
Pasco County Health Department  
10841 Little Road  
New Port Richey, FL 34654-2533

Maira Freeman, Secretary  
Hillsborough County Health Department  
4951A Adamo Dr. #120  
Tampa, FL 33605

## **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Lynne Isaacs  
FDA  
555 Winderly place #200  
Maitland, FL 32751

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maira Freeman  
4951A Adamo Dr. #120  
Tampa, FL 33605

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Lynne C. Isaacs  
Signature/Registered Agent

11/10/03  
Date

Maira Freeman  
Signature/Incorporator

10-21-03  
Date