

795000003485

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FR. E No. 1-800-342-8062
 FAX (904) 222-1222

RE: Notarized Report To Amend

95

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 24 PM 3:52

AL 7/24/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>APC</u>	_____	_____	_____

WALK-IN Will Pick Up 7:27 2:00

	C.C. FEE.	DISBURSED
<input type="checkbox"/> Capital Express**	_____	_____
<input type="checkbox"/> Art. of Inc File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> () Cert. Copy(s)	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<input type="checkbox"/> Fictitious Name File	_____	_____
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service	_____	_____
<input type="checkbox"/> Document Filing	_____	_____
<input type="checkbox"/> Corporate Kit	_____	_____
<input type="checkbox"/> Vehicle Search	_____	_____
<input type="checkbox"/> Driving Record	_____	_____
<input type="checkbox"/> Document Retrieval	_____	_____
<input type="checkbox"/> UCC 1 or 3 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____	_____
<input type="checkbox"/> Carrier Service	_____	_____
<input type="checkbox"/> Shipping/Handling	_____	_____
<input type="checkbox"/> Phone ()	_____	_____
<input type="checkbox"/> Top Priority	_____	_____
<input type="checkbox"/> Express Mail Prep.	_____	_____
<input type="checkbox"/> FAX () pgs.	_____	_____
SUBTOTALS	_____	_____

000001544440
 -07/24/95-01072-011
 ****122.50 ****122.50

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 PM 3:52

OF

NATIONAL BREAST IMPLANT TASK FORCE, INC.

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation is **NATIONAL BREAST IMPLANT TASK FORCE, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 210503, West Palm Beach, FL 33421.

ARTICLE III: PURPOSE

The National Breast Implant Task Force is a non-profit nationwide organization dedicated to aid women and their families affected by silicone enhanced diseases. Our primary concern is to provide a forum in which members can secure and exchange information.

ARTICLE IV: QUALIFICATION

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and agent of the corporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The number of persons constituting the Board of Directors of the corporation is three (3) initially. The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as a member of the initial Board of Directors is:

Janice Ferriell 2019 Henley Place, W. Palm Beach, FL 33421

Martha L. Stanek 1701J Yellowstone Ct., Gastonia, NC 28054

Patti Scher 124 Sardis Rd North, Charlotte, NC 28054

ARTICLE VII: NON-STOCK BASIS

The corporation is organized under a non-stock basis.

ARTICLE VIII: DISSOLUTION

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

ARTICLE IX: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

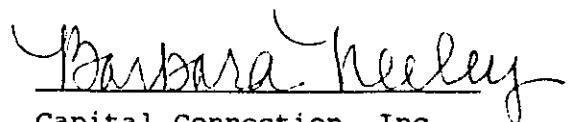
ARTICLE X: AMENDMENTS

The corporation reserve the right to amend or repeal any provisions of these Articles of Incorporation, or any amendment(s) thereto.

ARTICLE XI: CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

The undersigned incorporator has executed these Articles of Incorporation this 24th day of July, 1995.



Capital Connection, Inc.

Barbara Neeley - President
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

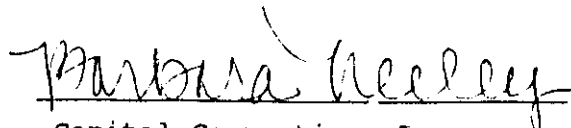
65 JUL 24 PM 3:52

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is **NATIONAL BREAST IMPLANT TASK FORCE, INC.**

2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Capital Connection, Inc.

Barbara Neeley - President

Date: July 24, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N950000003485

National Breast Implant Task Force, Inc.

FILED
96 DEC -4 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002021537--5
-12/06/96--01009--006
****236.25 ****236.25

REINSTATEMENT 96

Please: addresses are incorrect in any way, use through incorrect information and enter correction below.

1. New Principal Office Address, if Applicable

2019 Henley Place
Tallahassee, FL

3. New Mailing Address, if Applicable

2019 Henley Place
Tallahassee, FL

4. Date Incorporated or Organized To Do Business in Florida

July 24, 1995

5. FEI Number

65-0639105

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State
Wellington, Florida
33414
Country
U.S.

City & State
Wellington, Florida
33414
Country
U.S.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Janice Ferriell	2019 Henley Place	Wellington, Florida 33414
O/VP	KATHY JOHNSTON	1906 GRANT LANE	COLUMBIA, MISSOURI 65203
D/SEC.	KATHYRN JOHNSON	1109 Mesquite Lane	HOUSTON, TEXAS 77521

(Handwritten initials and date)

8. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 E. Virginia St.
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
Janice Ferriell
Street Address (P.O. Box Number is Not Acceptable)
2019 Henley Place
Suite Apt # Etc.
City
Wellington,
State
FL
Zip Code
33414

I, the undersigned, being a resident agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

(Signature of Janice Ferriell)
REGISTERED AGENT MUST SIGN

Date Oct. 19, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

I hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I certify that I am an officer or director of the corporation and am authorized to execute this application as provided for in chapter 607 of F.S. I further certify that when filing this application with the Department of State, the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation, have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made by me.

SIGNATURE:

(Signature of Janice Ferriell)
JANICE FERRIELL
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pro. Oct 6, 1996 561-791-2625
Date Daytime Phone