

P00000054147

TRANSMITTAL LETTER

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

SUBJECT: CORALMed.com, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003266364--9  
-05/25/00--01037--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

MARK T. GRIZ

Name (Printed or typed)

584 YORKSHIRE DRIVE

Address

OVIEDO, FLORIDA 32765

City, State & Zip

(407) 359-5712

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 25 AM 8:06

FILED

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

T BROWN JUN - 5 2000

FILED  
00 MAY 25 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Condition	Control (%)	MCI (%)	AD (%)
1	95	85	75
2	95	85	75
3	95	85	75
4	90	80	70

Figure 1: Schematic representation of the experimental design. The diagram shows a sequence of events: a subject is presented with a stimulus (a line with a dot), then a response is recorded (a line with a dot), and finally a feedback is provided (a line with a dot). The sequence is repeated for multiple trials. The diagram is divided into three main sections: 'Stimulus', 'Response', and 'Feedback'. The 'Stimulus' section shows a line with a dot. The 'Response' section shows a line with a dot. The 'Feedback' section shows a line with a dot. The sequence is repeated for multiple trials.

[illegible]

1. *Chlorophyll a* (Chl *a*)

[illegible][illegible]

ARTICLE VII - Incorporator

Mark Griz                      584 Yorkshire Drive  
Oviedo, Florida 32765

\*\*\*\*\*

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

Mark T. Griz  
Signature/Registered Agent

5/23/00  
Date

Mark T. Griz  
Signature/Incorporator

5/23/00  
Date

FILED  
00 MAY 25 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA