

FD20000001601

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIGEMINAL NEURALGIA ASSOCIATION, INC.
(Name of Corporation - must include suffix)

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 conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Claire W. Patterson
(Name of Person)

Trigeminal Neuralgia Association, Inc.
(Firm/Company)

2801 SW Archer Road, Suite C
(Address)

Gainesville, FL 32608
(City/State and Zip Code)

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-03/29/02--01008--003
*****78.75 *****78.75

For further information concerning this matter, please call:

Claire W. Patterson at (352) 376-9955
(Name of Person) (Area Code & Daytime Telephone Number)

02 APR 28 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

YB
42-02

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. Trigeminal Neuralgia Association, 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. New Jersey 3. 22-3071645 (fed tax#)
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 9, 1990 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2002
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2801 SW Archer Road, Suite C, Gainesville, FL 32608
(Principal office address)
2801 SW Archer Road, Suite C, Gainesville, FL 32608
(Current mailing address)

8. The mission of the Trigeminal Neuralgia Association is to provide information, education and support to those afflicted with Trigeminal Neuralgia.
(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: Claire W. Patterson

Office Address: 2801 SW Archer Road, Suite C
Gainesville, Florida 32608
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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.

Claire W. Patterson
(Registered agent's signature)

Claire W. Patterson

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:

A. DIRECTORS

Chairman: Roger L. Levy
8719 E. San Vincente Drive
Address: Scottsdale, AZ 85258

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Claire W. Patterson
5103 SW 94th Street
Address: Gainesville, FL 32608

Vice President: Kenneth White
Address: 49 Hedgebrook Lane
Stamford, CT 06903

Secretary: Brian Cronin
2039 Carmel Drive, Jamison, PA 18929
Address: _____

Treasurer: Kenneth White
49 Hedgebrook Lane
Address: Stamford, CT 06903

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

13. Claire W. Patterson President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Claire W. Patterson, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

TRIGEMINAL NEURALGIA ASSOCIATION, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Non Profit Corporation was
registered by this office on July 9, 1990.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

*Claire W Patterson
603 Broadway
Barnegat Light, NJ 08006*

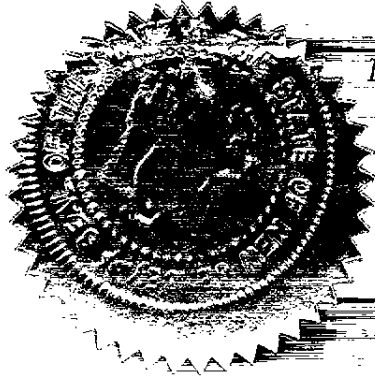
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

TRIGEMINAL NEURALGIA ASSOCIATION, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
12th day of March, 2002

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND