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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION

digiChart, Inc.

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B. McKnight OCT 11 2006

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. digiChart, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 62-1657235
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/28/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 102 Woodmont Blvd Ste 500, Nashville, TN 37205
(Principal office address)

same
(Current mailing address)

8. Sell and implement electronic health record systems for obstetricians and gynecologists.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

CT Corporation System

By: _____

(Registered agent's signature)

Jennifer F. Aultman
Assistant Secretary

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 business addresses of officers and/or directors:

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Brad Dumke

Address: 102 Woodmont Blvd Ste 500

Nashville, TN 37205

Vice President: J. Richard Wagers, Jr.

Address: 3319 West End Avenue, Suite 700

Nashville, TN 37203-8640

Secretary: _____

Address: _____

Treasurer: Julie Maples

Address: 102 Woodmont Blvd Ste 500, Nashville, TN 37205

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Julie Maples, Treasurer

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	William G Bates
	Officer/Director:	Officer, Director
	Officer's Title:	CEO
	Director's Title:	Director
	Business Address:	102 Woodmont Blvd Ste 500
	City:	Nashville
	State:	TN
	ZIP Code:	37205
2	Full Name:	Brad Dumke
	Officer/Director:	Officer
	Officer's Title:	President, COO
	Director's Title:	
	Business Address:	102 Woodmont Blvd Ste 500
	City:	Nashville
	State:	TN
	ZIP Code:	37205
3	Full Name:	Micheal McCoy
	Officer/Director:	Officer
	Officer's Title:	Chief Medical Officer, Executive VP
	Director's Title:	
	Business Address:	102 Woodmont Blvd Ste 500
	City:	Nashville
	State:	TN
	ZIP Code:	37205
4	Full Name:	Julie Maples
	Officer/Director:	Officer
	Officer's Title:	Treasurer, VP of Finance
	Director's Title:	
	Business Address:	102 Woodmont Blvd Ste 500
	City:	Nashville
	State:	TN
	ZIP Code:	37205
5	Full Name:	J. Richard Wagers, Jr.

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	Officer/Director:	Officer, Director
	Officer's Title:	Vice President, Finance & CF)
	Director's Title:	Director
	Business Address:	3319 West End Avenue, Suite 700
	City:	Nashville
	State:	TN
	ZIP Code:	37203-8640
6	Full Name:	Tim Lyles
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	8122 Datapoint Drive, Suite 1000
	City:	San Antonio
	State:	TX
	ZIP Code:	78229
7	Full Name:	Alan H. DeCherney, M.D.
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	10720 Chalon Road
	City:	Los Angeles
	State:	CA
	ZIP Code:	90095
8	Full Name:	Enrique Quintero, M.D.
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	1011 Medical Plaza Drive, Suite 200
	City:	The Woodlands
	State:	TX
	ZIP Code:	77380

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGICHART, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5100585

DATE: 10-10-06