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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION

RealMed Corporation

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$87.50

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RECEIVED

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RealMed Corporation  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SCOTT E. HERBST  
Name of Person

REALMED CORPORATION  
Firm/Company

510 EAST 96TH STREET, SUITE 400  
Address

INDIANAPOLIS, INDIANA 46240  
City/State and Zip code

scott.herbst@realmed.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLISON HARBE at (317) 814-6429  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing 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

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

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

2. Delaware 3. 35-1970389
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/02/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 510 East 96th Street, Suite 400, Indianapolis, IN 46240
(Principal office address)

same
(Current mailing address)

8. Revenue Cycle Management (Clearinghouse) Services
(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: C T 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.

C T Corporation System

James M. Halpin

By: [Signature]
(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Scott E. Herbst

Address: 510 East 96th Street, Suite 400, Indianapolis, IN 46240

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Scott E Herbst  
(Signature of Director or Officer listed in number 12 of the application)

14. Scott E. Herbst, Secretary  
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida  
Officers & Directors**

1	Full Name:	Philip D. Christianson
	Officer/Director:	Officer, Director
	Officer's Title:	Chief Executive Officer
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
2	Full Name:	Hal Knight
	Officer/Director:	Officer
	Officer's Title:	Chief Financial Officer
	Director's Title:	
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
3	Full Name:	Thirumalai E. Rajagopal
	Officer/Director:	Officer
	Officer's Title:	Chief Technology Officer
	Director's Title:	
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
4	Full Name:	Raymond Bisanz
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
5	Full Name:	Milo Brunick

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	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
6	Full Name:	Frederick Goldwater
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
7	Full Name:	J. Darren Rodgers
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240
8	Full Name:	Ian Gordon
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	510 East 96th Street, Suite 400
	City:	Indianapolis
	State:	IN
	ZIP Code:	46240

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REALMED CORPORATION" 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2010.

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

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


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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8190839

DATE: 08-24-10