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(Requestor's Name)

(Address)

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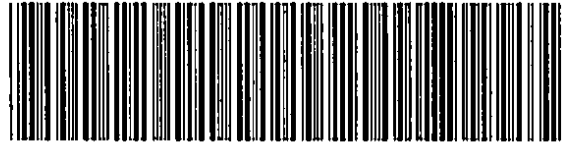
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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W2-61888

Office Use Only

20 JUL -6 PM 8:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shared Medical Services, Inc.
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:

Rebecca Freitag

Name of Person

Shared Medical Services, Inc.

Firm/Company

209 Limestone Pass

Address

Cottage Grove, Wisconsin 53527

City/State and Zip code

shopkins@sharedmed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Freitag at (608) 839-9050
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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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. Shared Medical Services, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Minnesota 3. 41-1388075
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 24, 1980 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 209 Limestone Pass Cottage Grove Wisconsin 53527
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
20 JUL -6 PM 8:42

9. 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.

Deb Reeves
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Maureen M. Kenney
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Lisa A. Arington
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: Greg Glesinger
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Joe Arington
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Pat Buchholz
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Rick Lonigro
 Vice Chairman Address: 209 Limestone Pass
 Director Cottage Grove, WI 53527
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Lisa A. Arington, Corporate Secretary
 (Typed or printed name and capacity of person signing application)

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Shared Medical Services, Inc.
Date Filed: 11/24/1980
File Number: 3T-1022
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 06/30/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2020

REBECCA FREITAG
SHARED MEDICAL SERVICES, INC.
209 LIMESTONE PASS
COTTAGE GROVE, WI 53527 US

SUBJECT: SHARED MEDICAL SERVICES, INC.
Ref. Number: W20000061888

We have received your document for SHARED MEDICAL SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 420A00012052

RECEIVED

JUL 06 2020