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July 22, 1999

F99 000003877

VIA FEDERAL EXPRESS

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Extended Care Information Network, Inc.

Dear Sir or Madam:

000002940110--6
-07/23/99-01057-019
*****78.75 *****78.75

Enclosed please find the following:

1. Executed Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Transmittal Letter;
3. Certificate of Good Standing issued by the Secretary of State of Illinois;
4. The Company's check in the amount of \$78.75 in payment of your filing fee and the provision of an certificate of status.

Very truly yours,

Wilbert F. Crowley

Wilbert F. Crowley

WFC:MKA

Enclosures

cc: Mr. Theodore J. Yusen

F99 3877

[Signature]

99 JUL 23 PM 3:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED

**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. Extended Care Information Network, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. Illinois 3. 36-4016836
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 9, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 540 Frontage Road, Suite 1005
Northfield, Illinois 60093
(Current mailing address)

To provide computer data and computer services to the health care industry, and to transact any and all lawful business for which
8. foreign corporations may be qualified.
(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 or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

Anne E. Diamond
(Registered agent's signature)

Anne E. Diamond
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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: PLEASE SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: PLEASE SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Theodore J. Yusem
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Theodore J. Yusem, Secretary
(Typed or printed name and capacity of person signing application)

EXTENDED CARE INFORMATION NETWORK INC.

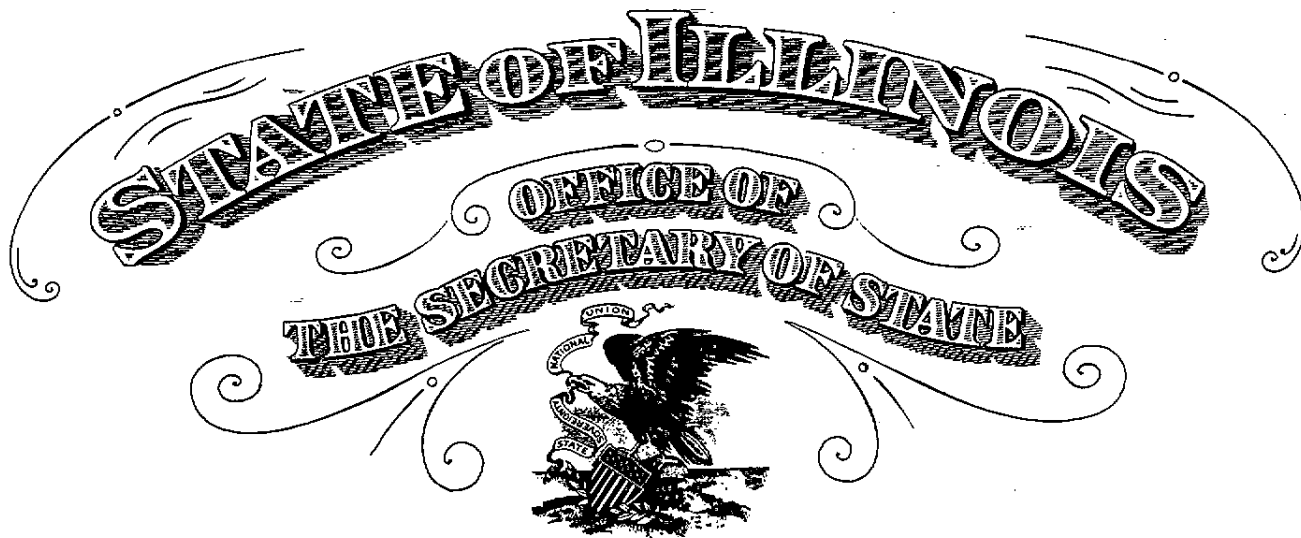
OFFICERS

Robert A. Ebersole Extended Care Information Network, Inc. 540 Frontage Road, Suite 1005 Northfield, Illinois 60093	President
Scott D. Kerber Extended Care Information Network, Inc. 540 Frontage Road, Suite 1005 Northfield, Illinois 60093	Senior Vice President
Theodore J. Yusen Extended Care Information Network, Inc. 540 Frontage Road, Suite 1005 Northfield, Illinois 60093	Secretary
Wilbert F. Crowley Cowen, Crowley, Nord & Staub, P.C. 55 West Monroe Street, Suite 500 Chicago, Illinois 60603	Assistant Secretary
Phillip Sheridan, Jr., M.D. 267 Ridge Avenue Winnetka, Illinois 60093	Treasurer

DIRECTORS

John Croghan, M.D. 1625 Sheridan Road Wilmette, Illinois 60091	
Robert A. Ebersole Extended Care Information Network, Inc. 540 Frontage Road, Suite 1005 Northfield, Illinois 60093	
Scott D. Kerber Extended Care Information Network, Inc. 540 Frontage Road, Suite 1005 Northfield, Illinois 60093	
David G. O'Neill William Blair & Company 222 West Adams Street Chicago, Illinois 60606	
Phillip Sheridan, Jr., M.D. 267 Ridge Avenue Winnetka, Illinois 60093	
Tasso H. Coin 55 West Monroe Street, Suite 500 Chicago, Illinois 60603	
David Mullen Allscripts, Inc. 2401 Commerce Drive Libertyville, IL 60048-4464	

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that EXTENDED CARE INFORMATION NETWORK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 9, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of JUNE 1999 A.D.

Jesse White

SECRETARY OF STATE