

# F99000006565

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CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
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Attn: Jeff Netherton

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CORPORATION(S) NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Healthcare Systems & Solutions, Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call If Problem
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out		<input checked="" type="checkbox"/> Pick Up

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Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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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. Healthcare Systems & Solutions, 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. Colorado (State or country under the law of which it is incorporated)      3. 84-1453566 (FEI number, if applicable)

4. March 13, 1998 (Date of incorporation)      5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 4 Mountain Willow Drive, Littleton, Colorado 80127  
(Current mailing address)

8. Healthcare software and professional services (consulting).  
(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:  
Name: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.*

C T Corporation System

Marcia J. Sunahara  
(Registered agent's signature) (Officer)

Marcia J. Sunahara, Asst. V.P.  
(Type Name and Title of Officer)

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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: See attached list of directors

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

Vice Chairman: See attached list of directors

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

Director: See attached list of directors

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

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

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

B. OFFICERS

President: See attached list of officers

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

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

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

Secretary: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

13. Paul H Schmidt  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul H Schmidt, President  
(Typed or printed name and capacity of person signing application)

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HEALTHCARE SYSTEMS & SOLUTIONS, INC.

Board of Directors and Officers

Paul Harris Schmidt Title: President, CEO, Chairman, Treasurer  
4 Mountain Willow Dr.  
Littleton, CO 80127  
(303) 948-8601

Ronald F. Strich Title: Director  
3559 Crowfoot Valley Rd.  
Castle Rock, CO 80104  
(303) 688-9749

Michael Muntner (no middle initial) Title: Director  
6817 Capri Place  
Bethesda, MD 20817  
(301) 365-4784

Bradley J. Larrick Title: Director, Officer  
6568 Fernwood Drive  
Lisle, IL 60532  
(630) 717-1692

Robert J. Winters Title: Officer  
503 Doral Circle  
Berwyn, PA 19312  
(610) 722-5161

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# STATE OF COLORADO

DEPARTMENT OF  
STATE

## CERTIFICATE

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I, *DONETTA DAVIDSON*, SECRETARY OF STATE OF THE STATE OF  
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

*HEALTHCARE SYSTEMS & SOLUTIONS, INC.*  
(COLORADO CORPORATION)

FILE # 19981049203 WAS FILED IN THIS OFFICE ON March 13, 1998  
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE  
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD  
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS  
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: December 02, 1999

*Donetta Davidson*

SECRETARY OF STATE