Fax Serverage 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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

FOREIGN PROFIT/NONPROFIT CORPORATION POINTRIGHT INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$70.00 |

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Corporate Filing Menu

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Fax Server

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|--|----------------------------|-------------|
| SUBJECT: PointRight Inc. | | |
| Name of corporation - must include suffix | | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reg above referenced foreign corporation to transact business in Florida. | n Florida ister the | ," |
| Please return all correspondence concerning this matter to the following: | | |
| Mary Martin | | |
| Name of Person | | |
| PointRight Inc. | | |
| Firm/Company | | |
| 420 Bedford Street, Suite 210 | | |
| Address | 2.0 | - |
| Lexington, MA 02420 | | <u></u> |
| City/State and Zip code | | <u>ডি</u> |
| Mary.Martin@pointright.com | 16 1 mg | 19 |
| E-mail address: (to be used for future annual report notification) | 17 604 | ≥ ≥ |
| For further information concerning this matter, please call: | | AM 10: 14 |
| Michael J. Douglas at (781) 719-9814 | | £ |
| Name of Person Area Code & Daytime Telephone Number | | |
| | | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 266! Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status Certified Copy Certifi | Filing Ficate of Sied Copy | tatus & |

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.

| 12/8/1992 | under the law of which it is incorporated) | 04-3174310 (FEI number, if applicable) Perpetual |) |
|-----------------|---|--|---|
| 12/8/1992 | 5. | • |) |
| | | Perpetual | |
| (Date | of incompation) | | |
| | ти исогрогацом) | (Duration: Year corp. will cease to exist of | or "perpetual") |
| 8/1/2011 | | | |
| | | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| 100 D 1/2 (| • | | |
| 420 Bedford | Street, Suite 210, Lexington, MA 0242 (Principal office add | | |
| 400 D . JE . 14 | , P | , | SECULIARY 19 |
| 420 Bediora | Street, Suite 210, Lexington, MA 0242 (Current mailing add | | |
| | (Carrent maning and | nessy. | |
| Data and patie | ent care quality analytics | | 7.4 |
| | s) of corporation authorized in home state or co | ountry to be carried out in state of Florida) | 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| (Purposet | | | क क |
| • • | et address of Florida registered agent: (P.C | Box NOT accentable) | |
| • • | et address of Florida registered agent: (P.C | O. Box NOT acceptable) | F |
| | et address of Florida registered agent: (P.C Corporation Service Company | O. Box <u>NOT</u> acceptable) | मुल 🗜 |
| Name and stre | | O. Box <u>NOT</u> acceptable) | E T |
| Name and stre | Corporation Service Company | O. Box NOT acceptable) , Florida 32301 | |

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.

| Corporation Service Company By: | Troy Todd as its agent | |
|----------------------------------|---------------------------|--|
| ARegistered agent's signal | ture) | |

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: | | | |
|---|-------------------------|-------------|---------------------------------------|
| A. DIRECTORS | | | |
| Chairman: Peter I Falb | | | |
| Address: 420 Bedford Street. Suite 210, Lexington, MA 02420 | | | |
| | | | |
| Vice Chairman: | <u></u> | | |
| Address: | | | <u></u> |
| | | | · · · · · · · · · · · · · · · · · · · |
| Director: Barry S. Fogel, M.D. | | | |
| Address: 420 Bedford Street, Suite 210. Lexington, MA 02420 | | | |
| | | | |
| Director: Vincent Mor | | | |
| Address: 420 Bedford Street, Suite 210, Lexington, MA 02420 | · | | |
| | | .62 | |
| B. OFFICERS | | 建 | ميني «مد ا |
| President: Rodrigo Navarro | X , 1 | - NUS | A. strain 32 marsh |
| Address: 420 Bedford Street, Suite 210, Lexington, MA 02420 | 1955 | 9 | j 5 j |
| | 3 | AH | 9 m |
| Vice President: | 453. | ë = | *,,** |
| Address: | | | |
| | | | |
| Secretary: Mary A. Martin | | | |
| Address: 420 Bedford Street, Suite 210, Lexington, MA 02420 | | | |
| Treasurer: Barry S. Fogel, M.D. | | | |
| Address: 420 Bedford Street, Suite 210. Lexington, MA 02420 | · | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional office | ers and/or direc | tors. | |
| 13. Maryle Marten Signature of Director or Officer | ······ | | |
| The officer or director signing this document (and who is listed in number 12 above) affirms | | | |
| are true and that he or she is aware that false information submitted in a document to the Dep third degree felony as provided for in s.817.155, F.S. | artment of State | e constit | utes a |
| Mary A. Martin, Secretary | | | |

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

ADDENDUM TO

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

PointRight Inc.

A. DIRECTORS (Continued)

| Director: | James Roosevelt, Jr. | |
|-----------|--|--|
| Address: | 420 Bedford Street, Suite 210, Lexington, MA 02420 | |
| | | |
| Director: | Rodrigo Navarro | |
| Address: | 420 Bedford Street, Suite 210, Lexington, MA 02420 | |

TATE OF AM 10: 14



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseits 02133

William Francis Galvin Secretary of the Commonwealth

August 16, 2011

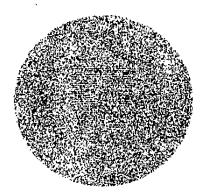
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

POINTRIGHT INC.

is a domestic corporation organized on **December 8**, 1992, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: sam

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galein