

B11000000048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 18 PM 12:07

T. HAMPTON

FEB 25 2011

EXAMINER

40201-116

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedInfo Partners, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Michael E. Lamb, Esquire

Contact Person

Morella & Associates, A Professional Corporation

Firm/Company

706 Rochester Road

Address

Pittsburgh, PA 15237

City, State and Zip Code

dlatour@medinfotv.com

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

For further information concerning this matter, please call:

Diana LaTour

Name of Contact Person

at (650) 430-4929

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Michael E. Lamb

melamb@morellalaw.com
(412) 369-9696 x114

February 17, 2011

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via Overnight Courier

Re: MedInfo Partners, L.P. (the "Partnership")

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Application by Foreign Limited Partnership to Transact Business in Florida (the "Application") for the Partnership, along with a check in the amount of \$1,000.00 for the required filing fee. As requested by the Application, I have also enclosed an original Certificate of Good Standing from the Secretary of State of the State of Delaware.

Should the enclosed be acceptable to you, please file the original Application on behalf of the Partnership. Also, please date stamp the copy of the Application and return the same to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. Should you have any questions, please call.

Sincerely,



Michael E. Lamb

MEL/slk

Enclosures

cc: MedInfo Partners, L.P. (w/ enclosures)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2011

MICHAEL E LAMB, ESQ
MORELLA & ASSOCIATES
706 ROCHESTER RD
PITTSBURGH, PA 15237

SUBJECT: MEDINCO PARTNERS, L.P.
Ref. Number: W11000010204

We have received your document for MEDINCO PARTNERS, L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00004342

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. MedInfo Partners, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 02/01/2011

Date of Formation

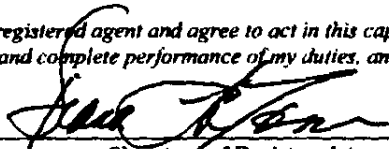
4. Name of Registered Agent for Service of Process and Florida Street Address:

MedInfo Partners, Inc. c/o Diana LaTour, President

2805 East Oakland Park Blvd., Suite 444

Ft. Lauderdale, FL 33306

5. 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.



Signature of Registered Agent

7. Principle Office: (Florida Street Address)

2805 East Oakland Park Blvd., Suite 444

Ft. Lauderdale, FL 33306

8. Mailing Address:

2805 East Oakland Park Blvd., Suite 444

Ft. Lauderdale, FL 33306

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: MedInfo Partners, Inc.

Name of General Partner: _____

Street Address: 2805 East Oakland Park Blvd., Suite 444

Street Address: _____

Ft. Lauderdale, FL 33306

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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DIVISION OF CORPORATIONS
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Name of General Partner: _____ Name of General Partner: _____

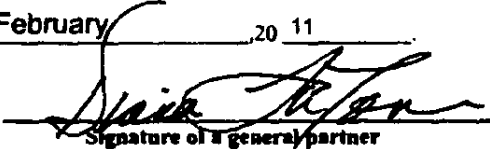
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17th day of February, 20 11


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 18 PM 12:07

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDINFO PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDINFO PARTNERS, L.P." WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4935038 8300

110141642

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8553246

DATE: 02-10-11

Delaware

PAGE 1

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