

Document Number Only

FO000000847

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

100003135781--6
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*****70.00 *****70.00

CORPORATION(S) NAME

L & H Medical Transcription Florida, Inc.

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00 FEB 15 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

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THANKS

CONNIE BRYAN

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TALLAHASSEE, FLORIDA

**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. L&H Medical Transcription Florida, 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. Delaware 3. 04-3500782
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 11, 2000 5. Perpetual
(Date of incorporation) (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. c/o Lernout & Hauspie Speech Products USA, Inc., 52 Third Ave., Burlington, MA 01803-4414

(Current mailing address)

8. To operate as a medical transcription business and to engage in any business activity permitted by law.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

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TALLAHASSEE, FLORIDA

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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.

C T Corporation System

Lauren H. Kreatz
(Registered agent's signature)

LAUREN H. KREATZ,
SPECIAL 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)

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

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Carl Dammekens

Address: c/o Lernout & Hauspie Speech Products N.V., Flanders Language Valley 50, 8900 Ieper, Belgium

Director: _____

Address: _____

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

President: Carl Dammekens

Address: c/o Lernout & Hauspie Speech Products N.V., Flanders Language Valley 50, 8900 Ieper, Belgium

Vice President: Gaston Bastiaens

Address: c/o Lernout & Hauspie Speech Products USA, Inc., 52 Third Ave., Burlington, MA 01803-4414

Secretary: Philip J. Flink

Address: c/o Brown, Rudnick, Freed & Gesmer

One Financial Center, Boston, MA 02111

Treasurer: Carl Dammekens

Address: c/o Lernout & Hauspie Speech Products N.V., Flanders Language Valley 50, 8900 Ieper, Belgium

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
L&H MEDICAL TRANSCRIPTION FLORIDA, INC.

13 By: 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Philip J. Flink, as Secretary

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

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TALLAHASSEE, FLORIDA


State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "L&H MEDICAL TRANSCRIPTION FLORIDA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2000.

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





Edward J. Freel, Secretary of State

3157818 8300

AUTHENTICATION: 0255812

001072864

DATE: 02-14-00