

Document Number Only

**F00000002565**

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 5/9

100003244861--4  
-05/09/00--01091--021  
\*\*\*\*70.00 \*\*\*\*70.00  
100003244861--4  
-05/09/00--01091--022  
\*\*\*2300.00 \*\*\*2300.00

Corporation(s) Name

HealthScreen International, Inc.

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
MAY 19 PM 1:39

Profit  Amendment  Merger  
 Nonprofit

Foreign  Dissolution  Mark  
 LLC  Withdrawal

Limited Partnership  UBR  Other  
 Reinstatement  Fictitious Name  Ch. RA (6)  
 UCC  1 or  3

\*\*\*Special Instructions\*\*

W/K 5/9

Certified Copy  Photocopies  CUS  
 Parts/amends/mergers  Other-See Above

Walk in  Pick-up  Will Wait

Please Return Filed Stamped  
Copies To:

TALLAHASSEE, FL 0900A  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

Carol Clark

00 MAY -9 PM 12:23

Thank You!

RECEIVED

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.

FILED STATE SECRETARY OF CORPORATIONS  
00 MAY -9 PM 1:39

1. HealthScreen International, 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  
(State or country under the law of which it is incorporated)
3. 52-2070801  
(FEI number, if applicable)
4. 12/8/97  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. January 14, 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4555 Emerson Expressway, Suite 200  
Jacksonville, Florida 32207  
(Current mailing address)
8. Any lawful act or activity.  
(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.*

CT Corporation System

*Connie Bryan*

(Registered agent's signature)

CONNIE BRYAN  
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: See Exhibit A

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

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

President: See Exhibit A

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

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

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

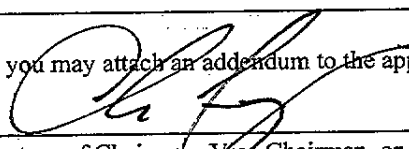
Secretary: \_\_\_\_\_

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

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

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

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

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

14. Christopher T. Fey, Chairman  
(Typed or printed name and capacity of person signing application)

**EXHIBIT A**  
**DIRECTORS AND OFFICERS**  
**OF**  
**HEALTHSCREEN INTERNATIONAL, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -9 PM 1:39

**DIRECTORS**

<b>Name</b>	<b>Mailing Address</b>
Christopher T. Fey	4555 Emerson Expressway, Suite 200 Jacksonville, Florida 32207
Frederick W. Fey	4555 Emerson Expressway, Suite 200 Jacksonville, Florida 32207

**OFFICERS**

<b>Name</b>	<b>Title</b>	<b>Mailing Address</b>
Christopher T. Fey	Chairman of the Board and Chief Executive Officer	4555 Emerson Expressway Jacksonville, Florida 32207
Frederick W. Fey	President, Chief Operating Officer Secretary and Treasurer	4555 Emerson Expressway Jacksonville, Florida 32207
John Franks	Chief Development/Finance Officer	4555 Emerson Expressway Jacksonville, Florida 32207
Paul S. Kasinski	Chief Information Officer	4555 Emerson Expressway Jacksonville, Florida 32207

**TRANSMITTAL LETTER**

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HealthScreen International, Inc.  
(Name of corporation - must include suffix)

FILED IN STATE  
DIVISION OF CORPORATIONS  
00 MAY -9 PM 1:39

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael B. Kirwan, Esq.  
(Name of Person)  
LeBoeuf, Lamb, Greene & MacRae, L.L.P.  
(Firm/Company)  
50 N. Laura Street, Suite 2800  
(Address)  
Jacksonville, Florida 32202  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Michael B. Kirwan at (904 ) 354-8000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

State of Delaware  
Office of the Secretary of State

PAGE 1

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -9 PM 1:39

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSCREEN INTERNATIONAL, 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 EIGHTH DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Edward J. Freel*

Edward J. Freel, Secretary of State

2829972 8300

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AUTHENTICATION:

0424855

DATE:

05-08-00