

Document Number Only

**F00000002860**

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

200003261672--2

-05/22/00--01075--018

\*\*\*\*\*70.00 \*\*\*\*\*70.00

**Corporation(s) Name**

*Medical Manager PCN, Inc.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 PM 12:48

☒ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☒ Foreign

☐ Dissolution

☐ Mark

☐ LLC

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Ch. RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ (XXX) Walk in

☐ (XXX) Pick-up

☐ ( ) Will Wait

Name Availability: \_\_\_\_\_

Document Examiner: \_\_\_\_\_

Updater: \_\_\_\_\_

Verifier: \_\_\_\_\_

Acknowledgement: \_\_\_\_\_

W.P. Verifier: \_\_\_\_\_

**Please Return Extra  
Copies File Stamped**

**To:**

**Melanie Strickland**

**Thank You!**

RECEIVED  
00 MAY 22 PM 12:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*h/k 5/22*

**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. Medical Manager PCN, 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. 22-3719866

(FBI number, if applicable)

4. March 22, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 669 River Drive Center 2, Elmwood Park, NJ 07407

(Current mailing address)

8. The sale of computer software, hardware and associated services.

(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)

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

Charles W. Meyer

(Registered agent's signature)

**CHARLES W. MEYER**

**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 ATTACHED SHEET

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

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

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

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 PM 12:48

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

President: SEE ATTACHED SHEET

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

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

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

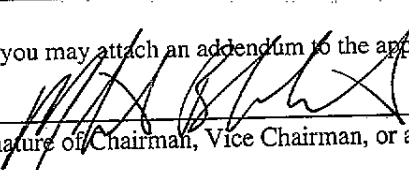
Secretary: \_\_\_\_\_

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. Michael B. Glick, Vice President and Secretary  
(Typed or printed name and capacity of person signing application)

**Officers and Directors of Medical Manager PCN, Inc.,  
a Delaware corporation**

NAME	BUSINESS ADDRESS
Kirk G. Layman Director and President	669 River Drive Center 2 Elmwood Park, NJ 07407
Michael B. Glick Director, Vice President and Secretary	669 River Drive Center 2 Elmwood Park, NJ 07407
Kenneth W. Ernsting Vice President	1200 American Road Morris Plains, NJ 07950
Frank J. Failla, Jr. Vice President - Tax and Treasurer	669 River Drive Center 2 Elmwood Park, NJ 07407
Marc Harrison Vice President	3001 N Rocky Point Dr. E Tampa, FL 33607
Franklyn Krieger Vice President and Assistant Secretary	3001 N Rocky Point Dr. E Tampa, FL 33607

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 PM 12:48

State of Delaware  
Office of the Secretary of State

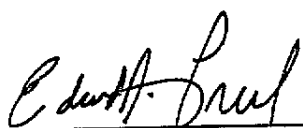
PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL MANAGER PCN, INC." IS DUELY 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 EIGHTEENTH DAY OF MAY, A.D. 2000.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 PM 12:48



  
Edward J. Freel, Secretary of State

3198887 8300

001253150

AUTHENTICATION:

0446009

DATE:

05-18-00