

ACCOUNT NO. : 07210000032

REFERENCE: 738941 7118689

AUTHORIZATION :

COST LIMIT : PPD

ORDER DATE: June 21, 2000

ORDER TIME : 9:42 AM

ORDER NO. : 738941-005

CUSTOMER NO: 7118689

CUSTOMER: Emily Fennell, Paralegal

Venture Law Group 4750 Carillon Point

Kirkland, WA 98033

500003300835--5 -_--06/22/00--01037--015

*****70.00 *****70.00

FOREIGN FILINGS

NAME: MEDMANAGE SYSTEMS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

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.	MedManas	ge Systems, 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	l in the name	e at present.)			-	-
2.	Delawar	e		3.				
(State or count	ry under the law of which it is	incorporate	d)		(FEI number, if applicable)		
4.	June 7,		5.	Perpet				
	(Da	ate of incorporation)		(Duration	: Year c	orp. will cease to exist or "per	petual")	
6.	June 7,	2000						
•	(Date fire	st transacted business in Florid	a.) (SEE SI	ECTIONS 6	07.1501,	607.1502 and 817.155, F.S.)		
	0000 77			F 70 . 1	77	4 00003		
7.	3303_Mo1	nte Villa Parkway, S	ulte 32	5, Both	ell, M	A 98021	·	
,	•	(Cur	rent mailing	g address)				2 2 300
8.	Health (care services						
•		e(s) of corporation authorized i	n home stat	e or country	to be ca	rried out in state of Florida)		
	` -	•		·		·		
9.	Name and st	reet address of Florida reg	gistered aş	gent: (P.O	. Box or	Mail Drop Box NOT acce	:ptable)	
	Name:	Corporation Service	Company					2
	Tullio.						5	<u>%</u>
Off	fice Address:	1201 Hays Street	-	<u> </u>	-			9 9
		Tallahassee				22201		유로
		Tallallassee			, Florid	a, 32301	2	
						(21p code)	PM	79°
10	Registered	agent's acceptance:					ڪني۔ خصيص	er ST
10.	, redistrict	agont s acceptance.						
Ha	ving been nam	ed as registered agent and to a	ccept servic	e of process	for the	bove stated corporation at the	e place desi gn a	ited in
this	application, I	hereby accept the appointmen is of all statutes relative to the p	t as register	ed agent an	d agree i	o act in this capacity. I furthe	er agree to com	iply and
		's oj an siannes renauve to the p 'my position as registered agen		сотрісіє ре	rjorman	e oj my uunes, ana 1 am jam	mai win unu a	iccepi
		Corporation Se		ompany				
		By: Laura R	egistered ag	gent's signat	ure)			· · · · · · · · · · · · · · · · · · ·
			دني در يو				97. 27	
		certificate of existence duly aut ite, by the Secretary of State or						e law of
200	parument of pro	ite, by the been clary of blate of	OFITOT OFFICE	ai maving ou	SOULY OIL	corporate records in the jurisa	tonon andor on	JIHW OI

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECT	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	See attached officers/directors rider	· · · · · · · · · · · · · · · · · · ·	
Address:			
Vice Chairm	nan:		
Address:			
<u></u>			
Director:		· · · · · · · · · · · · · · · · · · ·	
Address: _		· · · · · · · · · · · · · · · · · · ·	- 11-1 - 1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-
_			
Director:	1 1111		
Address: _			
		 	
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)		
President:	See attached officers/directors rider		
Address:			<u> </u>
			
Vice Preside	ent:		·
Addiess			
Secretary: _		<u> </u>	- و - بستندان استندان استندا
Address: _		<u>-</u>	
_			
Treasurer: _			
Address: _			
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
s/***/	relien Hecho	on and the terminal of the te	
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic	eation)	<u> </u>
14 Zac	chary K. Hector, President		<u></u>
- 	(Typed or printed name and capacity of person signing application)		

LIST OF OFFICERS AND DIRECTORS OF MEDMANAGE SYSTEMS, INC.

Officers	Directors	· · · · · · · · · · · · · · · · · · ·
President Zachary K. Hector 3303 Monte Villa Parkway, Suite 325 Bothell, WA 98021	Zachary K. Hector 3303 Monte Villa Parkway Suite 325 Bothell, WA 98021	
Vice President and Secretary Steven E. Singer 3303 Monte Villa Parkway Suite 325 Bothell, WA 98021	Dale Larson 3303 Monte Villa Parkway Suite 325 Bothell, WA 98021 Duane Mason 100 Lowder Brook Drive Suite 2500 Westwood, MA 02090 Edward Brennan 6501 Columbia Center Tower	
	6501 Columbia Center Tower 701 Fifth Avenue Seattle, WA 98104	

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MEDMANAGE SYSTEMS, 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 TWENTY-FIRST DAY OF JUNE,
A.D. 2000.

AND I_DO_HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.

3231778 8300

001315815



Edward J. Freel, Secretary of State 2673

AUTHENTICATION:

06-21-00

DATE:

001315815