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Document Number Only

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

DATE: 8 / 28

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

Corporation(s) Name

Constat Medical Transcription USA, Inc

☒ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

***Special Instructions**

☐ Certified Copy
☐ Arts/ameds/mergers

☐ Photocopies

☐ CUS

☐ Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield

Thank You!

Handwritten signature

**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. Lonestar Medical Transcription USA, 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. 04-3496548

(FEI number, if applicable)

4. December 28, 1999

(Date of incorporation)

5. Perpetual

(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. 12012 Wickchester Lane

Houston, TX 77079

(Current mailing address)

8. To engage in the medical transcription business and any other act permitted a corporation under Florida 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)

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)

FILED
SECRETARY OF CORPORATIONS
00 AUG 28 PM 1:08

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

B-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

B-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

B-8900 Ieper, BELGIUM

Please see Exhibit attached hereto

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. Steven D Pohl, Assistant Secretary

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

EXHIBIT

Steven D. Pohl, Assistant Secretary
c/o Brown Rudnick Freed & Gesmer
One Financial Center
Boston, MA 02111

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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State of Delaware
Office of the Secretary of State

PAGE 1

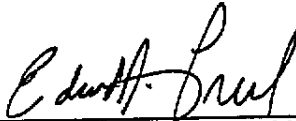
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 28 PM 1:08

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONESTAR MEDICAL TRANSCRIPTION USA, 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-THIRD DAY OF AUGUST, 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, Secretary of State

3150181 8300

AUTHENTICATION: 0633867

001425739

DATE: 08-23-00