

F01000002711



ACCOUNT NO. : 072100000032
 REFERENCE : 155343 4814048
 AUTHORIZATION : *Patricia Pigato*
 COST LIMIT : \$ 78.75

FILED
 01 MAY 18 PM 4: 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : May 18, 2001

ORDER TIME : 12:14 PM

ORDER NO. : 155343-005

CUSTOMER NO: 4814048

CUSTOMER: Aimee Williams, Legal Asst
 Waller Lansden Dortch & Davis
 Suite 2100
 511 Union Street
 Nashville, TN 372191760

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 MAY 18 PM 12: 58
 NOT RECORDED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

FOREIGN FILINGS

NAME: MEDSOLUTIONS OF FLORIDA, INC.

400004271464--8

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
MAY 18 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, 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. MedSolutions of 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. Tennessee 3. applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. May 14, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. Upon filing of this application
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 730 Cool Springs Boulevard, Suite 800, Franklin, TN 37067
(Principal office address)
mailing address is same as above
(Current mailing address)
- 8. Healthcare Contracting
(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: Corporation Service Company


Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company **BRIAN COURTNEY, ASST. VP.**


(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

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. *Lowell F. Martin*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lowell F. Martin, Secretary
(Typed or printed name and capacity of person signing application)

01 MAY 18 PM 4:10
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7. Directors:

Curtis J. Thorne
730 Cool Springs Boulevard
Suite 800
Franklin, TN 37067

Lowell F. Martin
730 Cool Springs Boulevard
Suite 800
Franklin, TN 37067

FILED
01 MAY 18 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Officers:

Curtis J. Thorne
President
730 Cool Springs Boulevard
Suite 800
Franklin, TN 37067

Lowell F. Martin
Secretary
730 Cool Springs Boulevard
Suite 800
Franklin, TN 37067

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/14/2001
REQUEST NUMBER: 01134516
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/14/2001
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0408037
JURISDICTION: TENNESSEE

TO:
WALLER LANSDEN
511 UNION ST
SUITE 2100
NASHVILLE, TN 37219-1760

REQUESTED BY:
WALLER LANSDEN
511 UNION ST
SUITE 2100
NASHVILLE, TN 37219-1760

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"MEDSOLUTIONS OF FLORIDA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
01 MAY 18 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/14/01

FROM:
WALLER LANSDEN ETC (511 UNION/NASHVILLE)
SUITE 2100
511 UNION STREET
NASHVILLE, TN 37219-1760

RECEIVED:	FEES	\$0.00
	\$20.00	\$20.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002880556
ACCOUNT NUMBER: 00000832



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE