

# F010000002986

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDSYMPHONY, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

100004191591--8  
-05/09/01--01116--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

TONY GOMES *W01-10935*  
(Name of Person)  
MEDSYMPHONY, INC.  
(Firm/Company)  
8858 FOSTERMAN'S BAY DR.  
(Address)  
SARASOTA, FL 34231  
(City/State and Zip code)

For further information concerning this matter, please call:

TONY GOMES at (941) 539-3268  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*W 6/5*  
**FILED**  
01 JUN -5 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

*5p*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 15, 2001

TONY GOMES  
MEDSYMPHONY, INC.  
8858 FISHERMAN BAY DR.  
SARASOTA, FL 34231

SUBJECT: MEDSYMPHONY, INC.  
Ref. Number: W01000010935

\$ 125  
246  
01 JUN -5 PM 1:18  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for MEDSYMPHONY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 001A00029375

(CERTIFICATE OF EXISTENCE)

**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. MS D SYMPHONY, 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 3. 65-1097837  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 23, 2001 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(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. 8858 FISHERMANS BAY DR. SARASOTA, FL 342  
(Principal office address)  
(SAME)  
(Current mailing address)
8. PROVIDE INFORMATION TECHNOLOGY SOLUTIONS IN  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) HEALTHCARE
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: TONY GOMES
- Office Address: 8858 FISHERMANS BAY DR.  
SARASOTA, Florida 34231  
(City) (Zip code)

FILED  
01 JUN -5 PM 1:  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

Tony Gomes  
(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: TONY GOMES

Address: 8858 FISHERMENS BAY DR.  
SANASOTA, FL 34231

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

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

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

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

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

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

FILED  
01 JUN -5 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. OFFICERS

President: ZOLTAN CERROSS

Address: 2760 70th ST.  
NAPLES, FLORIDA 34105

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

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

Secretary: TONY GOMES

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

Treasurer: TONY GOMES

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

} SAME AS ABOVE (CHAIRMAN)

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. TONY GOMES - CHAIRMAN

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

*State of Delaware*  
*Office of the Secretary of State*

---

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDSYMPHONY, 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 MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDSYMPHONY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2001.

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

FILED  
01 JUN -5 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3383446 8300

AUTHENTICATION: 1148357

010245789

DATE: 05-23-01