

F01000004143

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000087589 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BOND, SCHOENECK & KING, P.A.
Account Number : I20010000122
Phone : (941)262-8000
Fax Number : (941)262-6908

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

RECEIVED
01 AUG -6 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT QUALIFICATION

MultiMed Billing Service, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MultiMed Billing Service, Inc.

(Name of Corporation - must include suffix)

Dear Sir or Madam:

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:

William L. Owens, Esq.

(Name of Person)

Bond, Schoeneck & King, P.A.

(Firm/Company)

4001 Tamiami Trail North, Suite 404

(Address)

Naples, Florida 34103

(City/State and Zip Code)

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William L. Owens, Esq.

(Name of Person)

at (941) 262-8000

(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

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

(((H01000087589 7)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

(((H01000087589 7)))

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. Multimed Billing Service, 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. New York

(State or country under the law of which it is incorporated)

3. 16-1427949

(FEI number, if applicable)

4. 10/20/92

(Date of Incorporation)

5. perpetual

(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. 21 Oswego Street, Baldwinsville, New York 13027

(Principal office address)

P.O. Box 535, Baldwinsville, New York 13027

(Current mailing address)

8. any lawful act or activity for which corporations may be organized
under the laws of the applicable jurisdiction

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)Name: Chris PetersenOffice Address: 1134 Hominy Hill DriveTrinity

(City)

, Florida 34655

(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.

(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.

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

(((H01000087589 7)))

12. Names and addresses of officers and/or directors:

(((H01000087589 7)))

A. DIRECTORS

Chairman: Allan B. WeintraubAddress: 21 Oswego StreetBaldwinsville, New York 13027Vice Chairman: William M. LongAddress: 21 Oswego StreetBaldwinsville, New York 13027Director: Frances M. ForgioneAddress: 21 Oswego StreetBaldwinsville, New York 13027Director: William L. ShipmanAddress: 21 Oswego StreetBaldwinsville, New York 13027

B. OFFICERS

President: William M. LongAddress: 21 Oswego StreetBaldwinsville, New York 13027Vice President: Sharon M. LandersAddress: 21 Oswego StreetBaldwinsville, New York 13027

Secretary: _____

Address: _____

Treasurer: Frances M. ForgioneAddress: 21 Oswego StreetBaldwinsville, New York 13027

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William L. Shipman

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William L. Shipman, Senior Vice President

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

((H01000087589 7)))

Addendum
to
Application By Foreign Corporation For Authorization To Transact Business In Florida
of
MultiMed Billing Service, Inc.

12. Names and business addresses of officers and/or directors:

B. OFFICERS

Chief Executive Officer: William M. Long

Address: 21 Oswego Street

Baldwinsville, New York 13027

Senior Vice President: William L. Shipman

Address: 21 Oswego Street

Baldwinsville, New York 13027

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

((H01000087589 7)))

118079.01

08/06/01 MON 11:42 FAX 2626908

SECOND_FL

008

(((H01000087589 7)))

-----Original Message-----

From: NYS Division of Corporations

[mailto:corpdailyrpts@dos.state.ny.us]

Sent: Wednesday, August 01, 2001 6:32 PM

To: KAYSM@BSK.COM

Subject: Certificate Request No.200108010409

Attached is the certificate under seal you requested from the NYS Department of State, Division of Corporations. If you have any questions regarding this certificate, please contact Mr. Robert Goldup. His telephone number is 518-473-3878. Please identify this certificate using the request number listed above as your reference.

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

(((H01000087589 7)))

(((H01000087589 7)))

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of MULTIMED BILLING SERVICE, INC. was filed on 10/20/1992, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of July
two thousand and one.

Special Deputy Secretary of State

200108010409 * 42

FILED
01 AUG -6 PM 2:02
TALLAHASSEE, FLORIDA

(((H01000087589 7)))