

FOI 000004362

TO: Registration Section
Division of Corporations

SUBJECT: ELECTRONIC MEDICAL SERVICES, 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:

<u>SHERY MURRAY BUNCH</u> (Name of Person)	FILED 01 AUG 13 PM 5:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>ELECTRONIC MEDICAL SERVICES, INC.</u> (Firm/Company)	
<u>15 JAPONICA LANE</u> (Address)	
<u>SHAUMAR, FL 32579</u> (City/State and Zip code)	

For further information concerning this matter, please call:

100004531031--4
-08/13/01--01117--007
*****70.00 *****70.00

SHERY BUNCH at (350) 651 3457
(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

FOI-4362
OK

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

**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. ELECTRONIC MEDICAL SERVICES 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. CO 3. 84-1515953
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8-20-99 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. 15 JAPONICA LANE, SHALIMAR FL 32579
(Principal office address)
- THE SAME
(Current mailing address)
8. MEDICAL BILLING
(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: SHERY MURRAY BUNCH
Office Address: 15 JAPONICA LANE
SHALIMAR, Florida 32579
(City) (Zip code)

FILED
01 AUG 13 PM 5:00
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.

Sheri Murray Bunch
(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 officer's and/or directors:

A. DIRECTORS

Chairman: SHERY MURRAY BUNCH

Address: 15 JAPONICA LN

SHALIMAR FL 32579

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SHERY MURRAY BUNCH

Address: 15 JAPONICA LANE

SHALIMAR FL 32579

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Shery Murray Bunch

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

14. SHERY MURRAY BUNCH, PRESIDENT

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

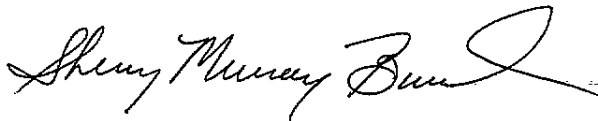
*Electronic
Medical
Services, Inc.*

15 Japonica Lane
Shalimar, FL 32579
850-651-8134

1 Aug 01

MEMORANDUM FOR REGISTRATION DEPARTMENT
FLORIDA DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

This is to provide notice that the Board of Directors of Electronic Medical Services, Inc., incorporated in the state of Colorado, has resolved to conduct business in the state of Florida under the name Electronic Medical Services, Inc. (of Colorado).



SHERRY MURRAY BUNCH, President

FILED
01 AUG 13 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

ELECTRONIC MEDICAL SERVICES, INC.
(COLORADO CORPORATION)

FILE # 19991156255 WAS FILED IN THIS OFFICE ON August 20, 1999
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: July 19, 2001

Donetta Davidson

SECRETARY OF STATE