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

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To:

Division of Corporations

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From:

Account Name : EDWARDS & ANGELL Account Number : 075410001517

: (561)833-7700

Fax Number

: (561)655-8719

[AL]

FOREIGN PROFIT QUALIFICATION

Health Systems Management Network, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | # 1 |
| l'age Count | 03 |
| Estimated Charge | \$70.00 |

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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. Health Systems Management Network, In | <u>1C.,</u> | _ | 4-10 |
|--|--|--------------|----------|
| (Name of corporation; must include the word "INCORPORATED" | ", "COMPANY", "CORPORATION" or | | |
| words or abbreviations of like import in language as will clearly in | idicale that it is a corporation instead of a | 뒺 | S |
| natural person or partnership if not so contained in the name at pre- | sent.) | - | 5 |
| 2. New York | 3. 14-1700914 | 2 | :沼 |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) | 9 | |
| thine of county and no the or whom a is most posterior | | 9 | |
| 4. November 1987 | 5. Perpetual | | <u> </u> |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or | <u></u> | <u> </u> |
| "perpetual") | | . | 무로 |
| w. wit | | - | 등류 |
| 6. Upon filing. (Date first transacted business in Florida.) (SEE SECTION) | ONU 207 1501 607 1502 and 917 155 12 6 3 | .w1=- | |
| (Date first transacted business in Floridal) (Sime Section | JNS 607.1301, 607.1302 and 617.133, (4.5.) | | |
| 7. 2194 Country Gold Drive, Wellington, Fl | lorida 33414 | | |
| | iling address) | | |
| • | _ | | |
| 8. To engage in any lawful act or activity fo | r which corporations may be organi | <u>zed</u> | |
| (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 age | ant. (P.O. Boy or Mail Drop Roy NOT uccon | talvie) | |
| y. Name and street address of Fiorida registered aga | ent (1.0. box of man brog box 1101 accep- | (MINC) | |
| Name: Angell Corporate Services, Inc. | | | |
| 21777 | | | |
| Office Address: One North Clematis St., #400 | | | |
| | | | |
| West Palm Beach Flor | rida <u>33401</u> | | |
| | (Zip code) | | |
| | | | |
| 10. Registered agent's acceptance: | | | |
| Having been named as registered agent and to accept s | service of process for the above stated corpora- | lion at th | e |
| place designated in this application, I hereby accept the | e appointment as registered agent and agree to | acı in thi | is |
| capacity. I further agree to comply with the provision | ons of all statutes relative to the proper and | complete | C |
| performance of my duties, and I am familiar with and acc | | igent. | |
| ANGELL CO | RPORATE SERVICES, INC. | | |
| (fr.) | J. Lee | | |
| (Vegistered ag | gent's signature) | | |
| John G. | Igoe, Vice President | | |
| 11. Attached is a certificate of existence duly authenticate | d, not more than 90 days prior to delivery of this | _ | |
| application to the Department of State, by the Secretary of | | e records | |
| in the jurisdiction under the law of which it is incorporated | 1, | | |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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| Chairman: | , , , , , , , , , , , , , , , , | |
|--|---|----------------|
| Address: | | |
| Director: Cathy I. Tarantini | | |
| Address: 2194 Country Gold Drive, Wellington, Florida 33414 | ww. | |
| Director: | | - 3 |
| Address: | | - CSE |
| Director: | | <u> </u> |
| Address: | 종 | SST. |
| R. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Cathy I. Tarantini | | TATE ORIDA |
| Address: 2194 Country Gold Drive, Wellington, Florida 33414 | | ··· |
| Vice President: | | |
| Address: | | |
| Vice President: | | |
| Address: | | |
| Treasure: | *1 ** | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors | ş. | |
| in a Dan Lie | d1. F25. | |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |) | |

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State of New York Department of State

I hereby certify, that the Certificate of Incorporation of HEALTH SYSTEMS MANAGEMENT NETWORK, INC. was filed on 11/25/1987, 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.

The Riennial Statement is past due.

Witness my hand and the official scal of the Department of State at the City of Albany, this 29th day of November

Secretary of State

*fivo thousand and one.

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