

F02000000880

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREDITEK MEDIFINANCIAL 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:

RONALD NAPIORSKI
(Name of Person)
CREDITEK MEDIFINANCIAL INC.
(Firm/Company)
33 WOOD AVE. SOUTH 5TH FLOOR
(Address)
ISELIN, NJ 08830
(City/State and Zip code)

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For further information concerning this matter, please call:

RONALD NAPIORSKI at (732) 516-1300 EXT 207
(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

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02 FEB 18 PM 8:32
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
- mtu
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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. CREDITEK MEDIFINANCIAL 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. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-7-1993 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. 33 WOOD AVE. SOUTH 5TH FLOOR, ISELIN NJ 08830
(Principal office address)
- SAME AS ABOVE
(Current mailing address)

8. PROVIDE BILLING FOLLOW-UP AND COLLECTION SERVICES FOR HEALTHCARE CLIENTS
(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: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND RD.

PLANTATION, Florida 33304
(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.


(Registered agent's signature)

Patrick A. Nolan
Assistant Secretary

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JOHN METZGER

Address: 7 ENTIN ROAD
PARSIPPANY, NJ 07054-0454

Vice Chairman: DIRECTOR: RICHARD LANDER

Address: 7 ENTIN ROAD
PARSIPPANY, NJ 07054-0454

Director: TED HENDERSON

Address: 7 ENTIN ROAD
PARSIPPANY, NJ 07054-0454

Director: NEAL BRICKMAN

Address: 630 THIRD AVE 81ST FLOOR
NEW YORK, NY 10017

B. OFFICERS

President: RONALD NAPIORSKI

Address: 33 WOOD AVE SOUTH 5TH FLOOR
ISELIN, NJ 08830

Vice President: BRIAN SNEDEKER

Address: 33 WOOD AVE SOUTH 5TH FLOOR
ISELIN, NJ 08830

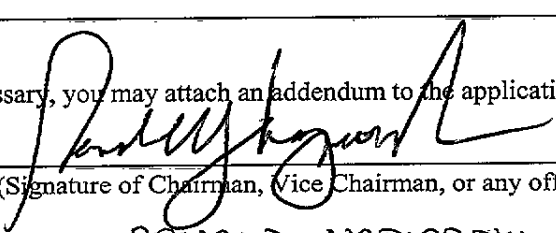
Secretary: KAREN MCCANN

Address: 7 ENTIN RD, PARSEPPANY NJ 07054

Treasurer: N/A

Address: _____

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. RONALD NAPIORSKI, PRESIDENT
(Typed or printed name and capacity of person signing application)

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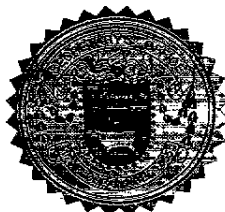
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREDITEK MEDIFINANCIAL, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2002.

FILED
02 FEB 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1588608

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DATE: 01-31-02