F020	OOO 12	25/
TO: Registration Section Division of Corporations		
SUBJECT: <u>Absolute Inte</u> (Nam	egrated Solutions, Inc. ne of corporation - must include suffix)	
Dear Sir or Madam:		
to fransact business in Florida.	orporation for Authorization to Transact Busines submitted to register the above referenced foreign	ss in Florida", gn corporation
Please return all correspondence concerni	ing this matter to the following:	
Georgette W		
	(Name of Person)	
	(Firm/Company)	
240 Corporat		
	te Blvd.	<u> </u>
Norfolk, VA	,	
	(City/State and Zip code)	
For further information concerning this ma	tter, please call:	50645902 07/0201056024 **87.50 *****87.50
Georgette Watson at (Name of Person)	(Area Code & Daytime Telephone Number	modela
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 t:	SECRETARY OF STADIVISION OF CORPORA
_ □ \$70.00 Filing Fee □ \$78.75 Filing Fe	те & П \$78.75 Биш. Б. о —/	02 TEE

☐ \$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 BUSTNESS IN THE STATE OF FLORIDA. Absolute Integrated Solutions, 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.) 54-1921194 (FEI number, if applicable) 12/3/1998 (Date of incorporation) Perpetua. (Duration: Year corp. will cease to exist or "perpetual") 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.) Blvd (Principal office address) (Current mailing address) 8. Software applications for behavioral health care information (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) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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.

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.

(Registered agent's signature)

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

A	A. DIRECTORS	
- C	Chairman: See attached officers/directors rider	ŧ
. · A	Address:	ā
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,		
-	/ice Chairman:	
<u> </u>	Address:	<u>म्</u> यु .
<u>. I</u>	Director:	- u
<u>.</u> ., A	Address:	
. .		-
r	Director:	
I	Address:	
_		
•		•
	B. OFFICERS	
= F	President: See attached officers/directors rider	
_ #	Address:	
-		
	Vice President:	
<u> </u>	Address:	=
₹		-· · •
	Secretary:	
_		- 1-
_	Address:	•
- [Treasurer:	. =
. 4	Address:	
,	NOTE: If necessary, you may attack 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)	_ <u>.</u>
	Rebecca H. White, Secretary	
	14. Typed or printed name and capacity of person signing application)	

Absolute Integrated Solutions, Inc.

02 MAR -7 PM 1:02

Directors

Comment: Currently Authorized: 1

Min: 1

Max: 1

Quorum: 1

Ronald I. Dozoretz M.D.

Director

Officers

Rebecca H. White	Thomas E. Oram	Gloria J. Nuss	Timothy D. McCarthy	Randall Len Little	Lenard J. Lexier M.D.	Edward C. Irby Jr.	Stephen Haller	Ronald I. Dozoretz M.D.
Secretary	Assistant Treasurer	Assistant Secretary	Vice President	Treasurer	VP/Chief Medical Officer	President	Assistant Treasurer	Chairman
240 Corporate Blvd., Norfolk, VA 23502								
, VA	, VA	, VA	, VA	VA	VA	VA	VA	VA
23502	23502	23502	23502	23502	23502	23502	23502	23502

Commonwealth of Urrginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Absolute Integrated Solutions, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is December 03, 1998.

Nothing more is hereby certified.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Signed and Sealed at Richmond on this Date: February 13, 2002

Joel H. Peck. Clerk of the Commission