

F02000001926

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEXGEN HEALTHCARE, 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.

800005271708--1  
-04/15/02--01037--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Please return all correspondence concerning this matter to the following:

MANDI K. PRASAD  
(Name of Person)

NEXGEN HEALTHCARE, INC.  
(Firm/Company)

505 THORNALL ST., STE. 207  
(Address)

EDISON, NJ 08837  
(City/State and Zip code)

For further information concerning this matter, please call:

MANDI K. PRASAD at ( 732 ) 452-7900  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR 15 PM 1:58

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

**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. NEXGEN HEALTHCARE, 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 JERSEY 3. 02-0539222  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 4, 2001 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. 505 THORNALL ST. SUITE 207, EDISON, NJ 08837.  
(Principal office address)  
505 THORNALL ST, STE. 207, EDISON, NJ 08837  
(Current mailing address)
8. EXPANSION OF BUSINESS ACTIVITY IN THE STATE OF  
(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: LETICIA C. ACOSTA  
Office Address: 2654 BEDFORD MEWS DRIVE  
WELLINGTON, Florida 33414  
(City) (Zip code)

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 APR 15 PM 1:58

**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.*

Leticia C. Acosta  
(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 officers and/or directors:

A. DIRECTORS

Chairman: NAND K. PRASAD

Address: 2118 WALSH AVE., STE. 150  
SANTA CLARA, CA 95050

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MANDU K. PRASAD

Address: 505 THORNALL ST., STE. 207  
EDISON, NJ 08837

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: NAND K. PRASAD

Address: 2118 WALSH AVE., STE. 150  
SANTA CLARA, CA 95050

Vice President: MANDU K. PRASAD

Address: 505 THORNALL ST., STE. 207  
EDISON, NJ 08837


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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. MANDU K. PRASAD, VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR 15 PM 1:58

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

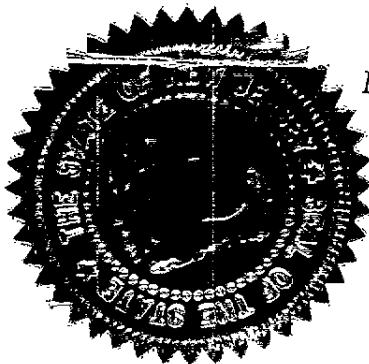
NEXGEN HEALTHCARE, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on December 4, 2001.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*Mark Rochkind, Esq.  
15 Smull Avenue  
Caldwell, NJ 07006*



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
8th day of April, 2002

John E McCormac, CPA  
State Treasurer

02 APR 15 PM 1:58

DIVISION OF CORPORATE AFFAIRS