C0200000 484/

TO: Registration Section
Division of Corporations

SUBJECT: Healthmatics EmSTAT Corp.

(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:

recta weishaupt		•
	(Name of Person)	
A4 Health Systems, Inc.	<u>and the state of </u>	a da series
	(Firm/Company)	/// 7944193 4 09/23/0201046001
5501 Dillard Dr.		******70.00 ******70.00
	(Address)	2
Cary, NC 27511-9234		S
	(City/State and Zip code)	ν ω
For further information concerning thi	is matter, please call:	PHZ:
Dale Stafford	at (919_)851.6177, ext. 173	4
(Name of Person)	(Area Code & Daytime Telephone Nu	imber)

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

S78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

"a) at met

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Healthmatics EmSTAT Corp. (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. North Carolina (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. November 30, 2001 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. 800 Brazos, Suite 1200, Austin, Texas 78701-2501 (Principal office address) 5501 Dillard Drive, Cary, North Carolina 27511-9234 (Current mailing address) 8. Sales and service of computer software products (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: Corporation Service Company Office Address: 1201 Hays Street <u>Tallahassee</u> Florida 32301 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. Corporation Service Company David Capozzolo/Authorized Person (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: See attached officers/directors rider Address: _____ Vice Chairman: ____ Address: _ Address: Director: B. OFFICERS President: See attached officers/directors rider Address: Vice President: Address: ___ 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. Petra Weishaupt, secretary

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

Management Systems Associates, Inc. FEIN 56-0986374

Director Listing

<u>Name</u>	Address	
John P. McConnell	5501 Dillard Dr., Cary, NC 27511	
Neal Morrison	5501 Dillard Dr., Cary, NC 27511	
David Grams	5501 Dillard Dr., Cary, NC 27511	
Tom Nelson	5501 Dillard Dr., Cary, NC 27511	
Patrick Hampson	5501 Dillard Dr., Cary, NC 27511	
David Bond	5501 Dillard Dr., Cary, NC 27511	

02 SEP 23 PH 12: 24

Healthmatics EmStat Corp. 56-2279653

Officer Listing

Name Address <u>Title</u>

John P. McConnell 5501 Dillard Dr., Cary, NC 27511-9234 President Petra Weishaupt 5501 Dillard Dr., Cary, NC 27511-9234 Secretary

02 SEP 23 PH 12: 25



North Carolina Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

HEALTHMATICS EMSTAT CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of November, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of June, 2002.

Claire I. Marshall

Secretary of State

Certification Number: 6194861-1 Page: 1 of 1 Ref.# 4869620-YC Verify this certificate online at www.secretary.state.nc.us/Verification.