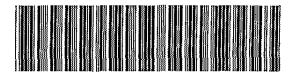
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ScImage, Inc.  (Name of corporation - must include suffix)		
(Name of corporation - must nacture surfix)		
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:		
Estelle Amarandos		
ScImage (Name of	Person)	
(Firm/Company)		
4916 EL CAMINO REAL		
(Address)		
LOS ALTOS, CA 94002		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Estelle Amarandos at (650) 694-4858 x 145		
(Name of Person) (Area	Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:	_	
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	\$ \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	



March 27, 2003

ESTELLE AMARANDOS 4916 EL CAMINO REAL LOS ALTOS, CA 94002

SUBJECT: SCIMAGE, INC. Ref. Number: W03000008732

We have received your document for SCIMAGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$5,750.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 703A00018617



Improving Healthcare Through Innovation 4916 El Camino Real, Ste. 200, Los Altos, CA 94022, (650) 694 – 4858 Tel; (650) 694 – 4861 Fax

Date: April 4, 2003

Madvi Raya Controller Schmage Inc. 4916 El Camino Real Los Altos, CA 94022 Tel: (650) 230-1323 Fax: (650) 694-4861

Attn: Buck Kohr

Florida Department Of State

TEL: (850) 245-6914 FAX: (850) 410-1015

To Whom It May Concern

SUBJECT: Request of waiver of penalty fees; Ref.No.W03000008732; Letter

Number: 703A00018617

ScImage is a California corporation. ScImage made a one time sale in the State of Florida in 1999. Our business activity in the State of Florida does not constitute transacting business within the meaning of subsection (1). Our business activity in Florida falls under (i) Transacting business in interstate commerce and (i) Conducting an isolated transaction that is completed in 30days and that is not one in the course of repeated transactions of a like nature.

I respectfully request a waiver of penalty. Please call me at (650) 230-13223, if you have any questions.

Sincerely.

Madvi Raya Controller

Scimage, Inc.

## 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. ScImage, 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. CALIFORNIA
3. 33-0598173

(State or country under the law of which it is incorporated)

4. Z|23|94

(Date of incorporation)

(Duration: Year corp. will cease to exist of "perpetual")

(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.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 4916 EL CAMINO REAL #200, WS ALTOS, CA 94027

(Principal office address)

4916 EL CAMINO REAL #200 WS ALTOS, CA 94022

(Current mailing address) 8. Provide medical image and information management (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: DAVID W. ZANOTELLI Office Address: 1014 WOODFIELD CIA.

PALM BCH GONS, Florida 33418
(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. David W. Zanotelli 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: 5P1 CAMINO REAL, SLITE Vice Chairman: Address: \_\_ Director: \_ Address: \_\_ Director: \_\_\_ Address: \_ **B. OFFICERS** President: SAI RAVA Address: 4916 EL CAMINO REAL SUITE LOS ALTOS, CA 94022 Vice President: Address: \_ Secretary: WADU ZAVA Address: 4916 EL CAMINO REAL Treasurer: MADUI RAYA Address: 4916 EL CAMINO REAL, NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) MADUI (Typed or printed name and capacity of person signing application)



## SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify?

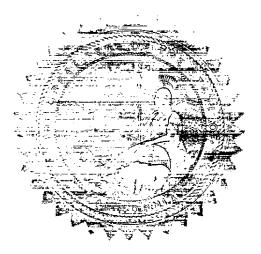
That on the 24TH day of JANUARY, 1994, SCIMAGE, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 21, 2003.

KEVIN SHELLEY Secretary of State