

APR. 14. 2004 3:43PM

NO. 197 P. 5/13

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT QUALIFICATION

Iatric Systems, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
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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.

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1. Iatric Systems, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2004 APR 14 A 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware (State or country under the law of which it is incorporated) 3. 57-1195600 (FBI number, if applicable)

4. 1/1/04 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Jan 1, 2004 (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. 27 Great Pond Dr., Boxford, Massachusetts 01921 (Principal office address)

27 Great Pond Dr., Boxford, Massachusetts 01921 (Current mailing address)

8. Software and technical services for hospitals and other healthcare providers. (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: Business Filings Incorporated Office Address: 660 East Jefferson Street Tallahassee Florida 32301 (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.

[Signature] (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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joel Berman

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

Director: Sandy Rosenbaum

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

B. OFFICERS

President: Joel Berman

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

Vice President: Joel Berman

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

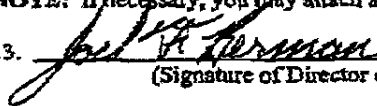
Secretary: Joel Berman

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

Treasurer: Joel Berman

Address: 27 Great Pond Dr., Boxford, Massachusetts 01921

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Joel Berman, President
(Typed or printed name and capacity of person signing application)

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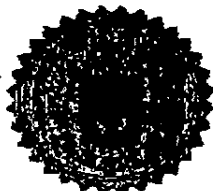
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IATRIC SYSTEMS, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IATRIC SYSTEMS, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3746521 8300

AUTHENTICATION: 2942716

040122270

DATE: 02-20-04

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