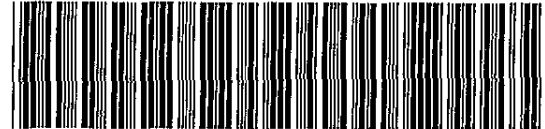


F04000002318

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600030313526

03/15/04--01062--008 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$ way-11787

Office Use Only



FILED

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

2004 APR 28 P 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2004

DEBORAH C. WILLIAMS
4300 NORTH POINT PARKWAY
ALPHARETTA, GA 30022

SUBJECT: OCCUPATIONAL SOLUTIONS, INC.
Ref. Number: W04000011787

We have received your document for OCCUPATIONAL SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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 \$4,600.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 904A00019585

Occupational Solutions



Diagnostic Imaging Referral Management

FILED

2004 APR 28 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2004

Agnes Lunt
Document Specialist
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: Occupational Solutions, Inc.
Qualification to do Business in Florida
Your letter of March 24, 2004,
Letter Number: 904A00019585
Reference Number: W04000011787

Dear Ms. Lunt,

Thank you for your letter of March 24, 2004, a copy of which I have enclosed herewith.

I have reviewed subsection 607.1501 of the Florida Statutes, which you enclosed with your letter, and have spoken with our business operations personnel regarding the functions of Occupational Solutions, Inc. in Florida. Based upon that assessment, I do not believe that Occupational Solutions, Inc. functions have constituted the transaction of business in Florida under the statute.

Occupational Solutions, Inc. does not now and never has had any employee based in Florida, and does not maintain a business office or address in Florida. While Occupational Solutions, Inc. does solicit business in Florida, consistent with item (f) of Section 607.1501, any business relationships resulting from such solicitation requires acceptance from our offices in Georgia before a contract is entered into. Pursuant to the instructions in your letter, enclosed please find a notarized affidavit attesting to these facts.

Because Occupational Solutions, Inc.'s functions do not constitute transaction of business within the meaning of subsection 607.1501, I do not believe that Occupational Solutions, Inc. owes any fees or civil penalties to the State of Florida for periods prior to our application. However, we have been asked by a customer to provide evidence of our

registration to do business in Florida. As we have no objection to so registering regardless of whether or not Occupational Solutions, Inc.'s activities constitute doing business, I request that you file the application we previously sent, and accept the check we previously sent for \$78.75. We intend to maintain such registration and will file annual reports and pay the applicable fees for such registration going forward.

Thank you for your consideration of this request.

Sincerely,

Thomas C. Gentry
Assistant Secretary

Enclosure

FILED

1994 APR 28 P 2:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA
FULTON COUNTY

FILED

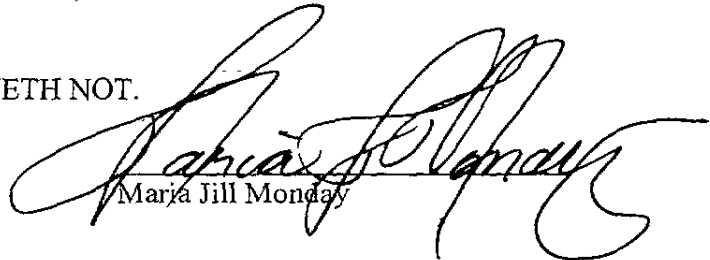
2004 APR 28 P 2:17

AFFIDAVIT OF MARIA JILL MONDAY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Before the undersigned personally appeared Maria Jill Monday who, after being duly sworn, states under oath as follows:

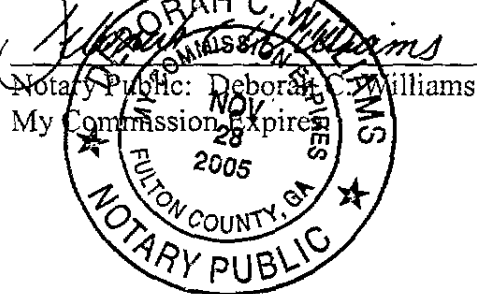
1. My name is Maria Jill Monday. I am over the age of 21 and am a legal resident of the State of Georgia.
2. I am an employee of Occupational Solutions, Inc. (the "Company") and hold the position of Director of Operations of the Company.
3. I have read subsection 607.1501 of the Florida Statutes, as enclosed with Letter Number 904A00019585 from the Florida Department of State, Division of Corporations.
4. The functions of the Company in Florida have not constituted the transaction of business, within the meaning of subsection 607.1501, and the statement in the application of Occupational Solutions, Inc. that it has transacted business is erroneous under that meaning.

FURTHER AFFIANT SAYETH NOT.


Maria Jill Monday

Sworn to and subscribed before me

This 16th day of April, 2004.


Notary Public: Deborah C. Williams
My Commission Expires Nov 28, 2005

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR 28 P 2:17

SUBJECT: Occupational Solutions, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Deborah C. Williams

(Name of Person)

MedQuest

(Firm/Company)

4300 North Point Parkway

(Address)

Alpharetta, GA 30022

(City/State and Zip code)

For further information concerning this matter, please call:

Deborah C. Williams

(Name of Person)

at (678) 992-7229

(Area Code & Daytime Telephone Number)

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.

FILED

2004 APR 28 P 2:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Occupational Solutions, Inc.**

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

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

2. **Georgia**

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

3. **58-2420343**

(FEI number, if applicable)

4. **November 9, 1999**

(Date of incorporation)

5. **Perpetual**

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

6. **Approx. January, 2000**

(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. **4300 North Point Parkway, Alpharetta, GA 30022**

(Principal office address)

4300 North Point Parkway, Alpharetta, GA 30022

(Current mailing address)

8. **Precertification & diagnostic scheduling specialist**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(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.

Dale W. Morris

(Registered agent's signature)

DALE W MORRIS
ASSISTANT VICE PRESIDENT

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John K. Luke

Address: 4300 North Point Parkway

Alpharetta, GA 30022

Vice President: _____

Address: _____

Secretary: Gene Venesky

Address: 4300 North Point Parkway, Alpharetta, GA 30022

Treasurer: Asst. Secretary: Thomas C. Gentry

Address: 4300 North Point Parkway, Alpharetta, GA 30022

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. Thomas C. Gentry, Asst. Secretary

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

FILED

2004 APR 28 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K946874
DATE INC/AUTH/FILED: 11/09/1999
JURISDICTION : GEORGIA
PRINT DATE : 03/10/2004
FORM NUMBER : 211

MEDQUEST
DEBORAH WILLIAMS
4300 NORTH POINT PARKWAY
ALPHARETTA, GA 30022

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

OCCUPATIONAL SOLUTIONS, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040310220312053



Cathy Cox
Secretary of State