

**F04000005726**

Florida Department of State  
Division of Corporations  
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STATE OF FLORIDA  
TALLAHASSEE

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DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION**

American HealthTech, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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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.

1. American HealthTech, Inc.

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

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

2. Mississippi

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

3. 640668780

(FEI number, if applicable)

4. 12/29/1982

(Date of incorporation)

5. Perpetual

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

6. 01/01/2004

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 617.155, F.S.)

7. 460 Briarwood Dr. Suite 210, Jackson, MS 39206

(Principal office address)

P.O. Box 12310 Jackson, MS 39236

(Current mailing address)

8. See Attachment

(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: c/o CT Corporation System, 1200 South Pine Island

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.

CT Corporation System

By: 

(Registered agent's signature)

J. L. Miles, Asst. Secretary

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: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS SEE ATTACHMENT**President: William CaldwellAddress: 460 Briarwood Dr. Suite 210Jackson, MS 39206Vice President: Kurt ForsterAddress: 460 Briarwood Dr. Suite 210Jackson, MS 39206

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

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

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

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. David W. Stevens

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

14. David W. Stevens, Vice President

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

## Attachment to Florida

### Purpose Clause

The development, sell, and installation of financial and clinical software to the post-acute environment.

## Officers & Directors

- |    |                   |   |
|----|-------------------|---|
| 1. | Full Name:        | William Caldwell                          |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | President, CEO, and Chairman              |
|    | Business Address: | 460 Briarwood Dr. Suite 210               |
|    | City:             | Jackson                                   |
|    | State:            | MS  |
|    | ZIP Code:         | 39206                                     |
| 2. | Full Name:        | Kurt Forster                              |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | Vice President, Software Design           |
|    | Business Address: | 460 Briarwood Dr. Suite 210               |
|    | City:             | Jackson                                   |
|    | State:            | MS  |
|    | ZIP Code:         | 39206                                     |
| 3. | Full Name:        | Nelwyn Madison                            |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | Vice President, Research and Development  |
|    | Business Address: | 460 Briarwood Dr. Suite 210               |
|    | City:             | Jackson                                   |
|    | State:            | MS  |
|    | ZIP Code:         | 39206                                     |
| 4. | Full Name:        | Joey Campbell                             |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | Vice President, Software Development      |
|    | Business Address: | 460 Briarwood Dr. Suite 210               |
|    | City:             | Jackson                                   |
|    | State:            | MS  |
|    | ZIP Code:         | 39206                                     |
| 5. | Full Name:        | Frank Chase                               |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | Vice President, Chief Development Officer |
|    | Business Address: | 460 Briarwood Dr. Suite 210               |
|    | City:             | Jackson                                   |
|    | State:            | MS  |
|    | ZIP Code:         | 39206                                     |
| 6. | Full Name:        | Robert Baker                              |
|    | Officer/Director: | Officer                                   |
|    | Officer's Title:  | Vice President, Sales and Marketing       |

Business Address: 460 Briarwood Dr. Suite 210  
City: Jackson  
State: MS  
ZIP Code: 39206

7. Full Name: Teresa Chase  
Officer/Director: Officer  
Officer's Title: Vice President, Customer Relations  
Business Address: 460 Briarwood Dr. Suite 210  
City: Jackson  
State: MS  
ZIP Code: 39206
8. Full Name: David Stevens  
Officer/Director: Officer  
Officer's Title: Vice President, Finance  
Business Address: 460 Briarwood Dr. Suite 210  
City: Jackson  
State: MS  
ZIP Code: 39206

# State of Mississippi

## Office of the Secretary of State

Eric Clark, Secretary of State  
Jackson, Mississippi

### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 29, 1982, the State of Mississippi issued a Charter/Certificate of Authority to:

AMERICAN HEALTHTECH, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand  
and seal of office  
August 31, 2004

*Eric Clark*

ERIC CLARK  
Secretary of State