

FD500000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

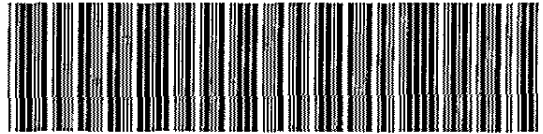
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# AVIDYNHEALTH

Another Place. Another Connection.

Florida Division of Corporations  
Attention: Registrations Section  
409 East Gaines Street  
Tallahassee, FL 32399

*Via Airborne Express*

RE: Avidyn Health LLLP  
Application by Foreign Limited Partnership and  
Application for Registration of Fictitious Name  
And  
AVIDYN Holdings, Inc.  
Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Filings Department:

Please find enclosed the following items required for Avidyn Health LLLP to transact business and to use a fictitious name in your state:

- Check No. 013885 in the amount of \$87.50
- Completed Application by Foreign Limited Partnership for Authorization to Transact Business in Florida and Affidavit of Capital Contributions for a Foreign Limited Partnership in duplicate (one with an original signature and one exact copy)
- Check No. 013681 in the amount of \$50.00 for the registration of fictitious name filing fee
- Completed Application for Registration of Fictitious Name

Also enclosed are the following documents for AVIDYN Holdings, Inc., which is the General Partner of Avidyn Health LLLP, to obtain a certificate of authority in your state:

- Check No. 014523
- Transmittal Letter
- Application by Foreign Corporation for Authorization to Transact Business in Florida in duplicate (one with an original signature and one exact copy)
- Original certificate of good standing/existence from the Delaware Secretary of State's office

Please send an acknowledgment/ file stamped copy to the following:

Fiserv Health, Inc.  
Attention: Joanne Villa  
6160 Summit Drive, Suite 500  
Brooklyn Center, MN 55430

Should you have any questions or cannot process this filing for any reason, please contact me at (763) 549-3301 or at the address noted above.

Sincerely,

Joanne Villa  
Licensing Administrator

Enclosures

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVIDYN Holdings, Inc.  
(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:

Joanne Villa  
(Name of Person)

Fiserv Health, Inc.  
(Firm/Company)

6160 Summit Drive, Suite 500  
(Address)

Brooklyn Center, MN 55430  
(City/State and Zip code)

For further information concerning this matter, please call:

Joanne Villa at ( 763 ) 549-3301  
(Name of Person) (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

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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.

1. AVIDYN Holdings, 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. Delaware 3. 75-2741618
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 22, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6160 Summit Drive, Suite 500, Brooklyn Center, MN 55430
(Principal office address)

6160 Summit Drive, Suite 500, Brooklyn Center, MN 55430
(Current mailing address)

8. To engage in any lawful act or activity
(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays 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.

Corporation Service Company
By: [Signature]
(Registered agent's signature)

Jeanine Reynolds
as its agent

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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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: James Cox

Address: 6160 Summit Drive, Suite 500

Brooklyn Center, MN 55430

Director: James Lockhart

Address: 6160 Summit Drive, Suite 500

Brooklyn Center, MN 55430

**B. OFFICERS**

President: Joseph Hensley

Address: 12750 Merit Drive, Suite 500

Dallas, TX 75251

Vice President: None

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

Secretary: Jeffrey Sjobeck

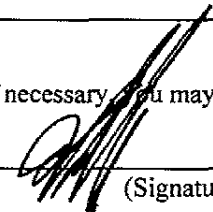
Address: 6160 Summit Drive, Suite 500, Brooklyn Center, MN 55430

Treasurer: None

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

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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)

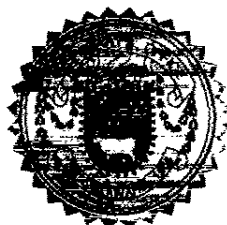
14. Jeffrey Sjobeck, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIDYN HOLDINGS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2004.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3548377

DATE: 12-14-04