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(Business Entity Name)
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TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	Medidata, Inc.		
	(Name of corporation - must include suffix)		
Dear Sir or M	fadam:		
"Certificate of	"Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," and check are submitted to register the above referenced foreign corporation to mess in Florida.		
Please return	all correspondence concerning this matter to the following:		
Corby W. Ma			
	(Name of Person)		
Medidata, Inc			
	(Firm/Company)		
110 Barnard	Street, Suite 210		
	(Address)		
Savannah, G	A 31401		
	(City/State and Zip code)		
For further in	oformation concerning this matter, please call:		
Corby W. Ma	rshall at (912) 443.9380		
(Nan	me of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:			
	stration Section Registration Section		
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327			
	shassee, FL 32399 Tallahassee, FL 32314		
Enclosed is a	check for the following amount:		
□ \$70.00 Fil	ling Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy \$87.50 Filing Fee, Certified Copy 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.	Medidata, Inc.			
		rporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
	Medidata, Inc. o	of Georgia		
	(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)
2	Georgia	3	20-2328585	
		under the law of which it is incorporated)	(FEI number, if applica	ble)
4.	January 25, 200	05 5	perpetual	
	January 25, 200 (Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6.	no business tra	ensacted as of this date		
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
7.	110 Barnard Str	eet, Suite 210, Savannah, GA 31401		
		(Principal office ad	dress)	
	110 Barnard Str	eet, Suite 210, Savannah, GA 31401		
		(Current mailing ad	dress)	·-
•	Healthcare Inter	mediary		
8,	`	of corporation authorized in home state or	country to be carried out in state of Florid	a)
9.		t address of Florida registered agent: (P.	•	OS FEB
	Name:	Ricky L. Mitchell		
0	Office Address:	1901 Hill Street	The state of the s	24 P
		Jacksonville	Florida 32202 (Zip code)	PH 3: 28
		(City)	(Zip code)	22
H de fi	laving been name esignated in this further agree to co	ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agree t relative to the proper and complete p osition as registered agent.	o act in this capacity. I

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: Corby W. Marshall Address: 110 Barnard Street, Suite 210, Savannah, GA 31401 Vice Chairman: Address: Director: Ricky L. Mitchell Address: 5521 Hyde Grove Ave. Jacksonville, FL 32210 Director: Address: __ **B. OFFICERS** President: Corby W. Marshall Address: 110 Barnard Street, Suite 210, Savannah, GA 31401 Vice President: Address: Secretary: Ricky L. Mitchell Address: 5521 Hyde Grove Ave., Jacksonville, FL 32210 Treasurer: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Richy L. Mitchell Georgetary & Director (Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0504612
DATE INC/AUTH/FILED: 01/26/2005
JURISDICTION : GEORGIA
PRINT DATE : 02/23/2005

FORM NUMBER : 211

MEDIDATA, INC.
RICKY L. MITCHELL
1901 HILL STREET
JACKSONVILLE, FL 32202

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

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 Setretary 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 Repords 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.

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Cathy Cox Secretary of State