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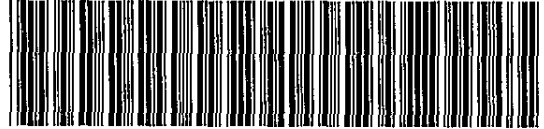
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FILED
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TALLAHASSEE FLORIDA

RECEIVED
05 MAY 26 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 389447 7287277
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 70.00

FILED
05 MAY 26 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 24, 2005
ORDER TIME : 9:27 AM
ORDER NO. : 389447-005
CUSTOMER NO: 7287277
CUSTOMER: Mr. Stephen Gentzler
Providerlink Inc.
501 James Jackson Avenue
Cary, NC 27513

FOREIGN FILINGS

NAME: PROVIDERLINK, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

**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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. ProviderLink, 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

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

3. 56-2239635

(FEI number, if applicable)

4. 03/29/2001

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 501 James Jackson Ave. Cary, NC 27513

(Principal office address)

501 James Jackson Ave. Cary, NC 27513

(Current mailing address)

8. Computer Software Developer

(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

(City)

, Florida 32301

(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: Salores Butten, asst VP

(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:

A. DIRECTORS

Chairman: David Gardner

Address: 501 James Jackson Ave. Cary, NC 27513

Vice Chairman: _____

Address: _____

Director: Robert Hutchinson Craig Souza

Address: 501 James Jackson Ave. Cary, NC 27513

Director: Robert Greczyn Leonard Shaffer

Address: 501 James Jackson Ave. Cary, NC 27513

B. OFFICERS

President: David Gardner

Address: 501 James Jackson Ave. Cary, NC 27513

Vice President: _____

Address: _____

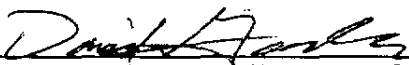
Secretary: Steven Peterson

Address: 501 James Jackson Ave. Cary, NC 27513

Treasurer: _____

Address: _____

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. David Gardner President
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

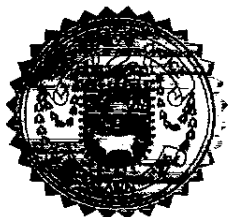
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVIDERLINK 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 TWENTY-FOURTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROVIDERLINK INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3374976 8300

AUTHENTICATION: 3901136

050428013

DATE: 05-24-05