# F05000001716

	ECRETARY OF STATE LLAHASSEE, FLORIDA
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Coples Ce	rtificates of Status
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08/12/05--01004--008 \*\*3450.00



FILED

FLORIDA DEPARTMENT OF STATE 2005 AUG 12 P 12: 46
Glenda E. Hood

Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 8, 2005

LANCE CULBRETH 100 NO POINT CENTER EAST SUITE 200 ALPARETTA, GA 30022

SUBJECT: MED ASSETS SUPPLY CHAIN SYSTEMS, INC.

Ref. Number: W05000032996

We have received your document for MED ASSETS SUPPLY CHAIN SYSTEMS, INC. and your check(s) totaling \$70.00. 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 \$3450.00.

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: 805A00045489

### FILED

#### TRANSMITTAL LETTER

7005 AUG 12 P 12: 46

TO: Registration Section Division of Corporations

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: Inc. + Subsidianes
(Firm/Company) Point Center East, Suite (Address)

For further information concerning this matter, please call:

Maureen Flanney at (678) 323 - 2596 (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

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 PLORIDAL 2 P 12: 46

(If name un	available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Del	ntry under the law of which it is incorporated)  3. 58-2612223  (FEI number, if applicable)
	8 6 99  Date of incorporation)  5. Per pr tual  (Duration: Year corp. will cease to exist or "perpetual")
(	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	1/1/02
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
	O No Point Center East Suite 200 Alphanetta GA (Principal office address)
	OD No Point Center East Suite 200 Alphanetta GA (Principal office address)  OD No Point Center East Suite 200 Alphanetta GA (Current mailing address)
	GPO Services  ose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purp	ose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Name and	street address of Florida registered agent: (P.O. Box NOT acceptable)
Nam	: Corporation Savice Company
ice Addres	s: 1201 Hays Street
	Tallahassec FL, Florida 32301-2607 (City) (Zip code)
	(City) (City)

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.

Sonya & Conduct
(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:

	Chairman:			
	Address: 2005 AUG 12 P 12+ 4+6			
	SECRETARY OF STATE			
	Vice Chairman:			
	Address:			
	Director: John Bardis			
	Address: 100 No Point Contar East, Switz 200			
	Alpharetta GA 30022			
	Director:			
	Address:			
	B. OFFICERS			
	President: Rand Ballard			
	Address: 280 S. Mt. Aubum Road			
	Cape Girardeau MO 63703			
	Vice President:			
	Address:			
	Secretary: Jonathan Glann			
	Address: 100 No Point Conter East Swite 200 Alphanter GA 30022			
Acest.	Treasurer: Scott Gressett			
Sich	Address: 100 No Point Center East, Suite 200 Alphanetta GA 3002:			
	NOTE: If necessary, you may aftach an addendum to the application listing additional officers and/or directors.			
	Jett Millett			
	(Signature of Director or Officer listed in number 12 of the application)			
	14. Scott Gressett Asst Scoretury			
	(Typed or printed name and capacity of person signing application)			

. A. DIRECTORS

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDASSETS SUPPLY CHAIN SYSTEMS, 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 THIRTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDASSETS SUPPLY CHAIN SYSTEMS, INC." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 1999.

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.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3990924

DATE: 06-30-05

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