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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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05 AUG 17 AM 10:23
DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

HEALTH E CONNEX, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SELECTED FOR STATE
TALLAHASSEE, FLORIDA

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AUG. 16. 2005 4:13PM

NO. 4377 P. 2

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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. HEALTH & CONTEX, 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. ILLINOIS

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

3. 36-4193826

(FEI number, if applicable)

4. JUNE 1, 2000

(Date of incorporation)

5. PERPETUAL

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

6. DATE OF FILING

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

7. 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

(Principal office address)

1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS FOR PROFIT MAY BE ORGANIZED UNDER THE ILLINOIS BUSINESS CORPORATION ACT AND AS PERMITTED UNDER FLORIDA STATUTES

(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: Anthony G. Mackay, Jr.

(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.

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: THOMAS H. STATEMAN

Address: 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

Director: _____

Address: _____

B. OFFICERS

President: THOMAS H. STATEMAN

Address: 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

Vice President: M. BRENDAN FRIAR

Address: 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

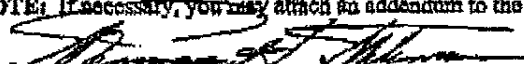
Secretary: THOMAS H. STATEMAN

Address: 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

Treasurer: STEPHEN CHRAPLA

Address: 1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068

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. THOMAS H. STATEMAN, PRESIDENT
(Typed or printed name and capacity of person signing application)FILED
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SECRETARY OF STATE

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AUG. 16. 2005 4:14PM

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File Number

6106-977-1

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HEALTH E CONNEX, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 1, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of AUGUST A.D. 11TH 2005

Jesse White

SECRETARY OF STATE

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