

F06000001741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

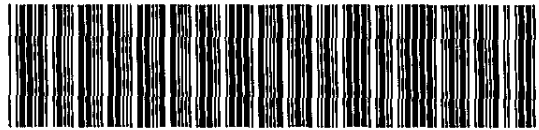
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only  
3/20



800067752278

03/20/06--01002--009 \*\*78.75

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

06 MAR 17 PM 1:07

FILED

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

06 MAR 17 PM 2:56

RECEIVED



UCC FILING & SEARCH SERVICES, INC.  
 1574 Village Square Blvd Ste 100  
 Tallahassee, Florida 32309  
 (850) 681-6528 P

**HOLD**  
 FOR PICKUP BY  
 UCC SERVICES  
 OFFICE USE ONLY

121125

March 17, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Healthplex I.P.A., Inc.

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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. HEALTHPLEX I.P.A., INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FILED 06 MAR 17 PM 07

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York (State or country under the law of which it is incorporated) 3. 11-3554436 (FEI number, if applicable)

4. January 3, 1997 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553-3608 (Principal office address)

333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553-3608 (Current mailing address)

8. Any lawful act or activity permitted under laws of the State of Florida (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: Interstate Document Filings Incorporated

Office Address: 1574 Village Square Blvd. Ste 100

Tallahassee, Florida 32309 (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.

[Handwritten signature]

(Registered agent's signature)

Marge O. Grimaldi, as President of Interstate Document Filings Inc.

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: Dr. Stephen J. Cuchel

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

~~Vice Chairman:~~ <sup>President</sup> Dr. Martin Kane

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

Director: Dr. Bruce H. Safran

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

Director: Dr. George Kane

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

**B. OFFICERS**

President: Dr. Martin Kane

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

Vice President: Dr. Bruce H. Safran

Address: 333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

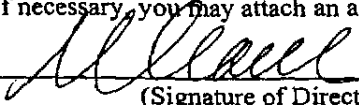
Secretary: Dr. Bruce H. Safran

Address: 333 Earle Ovington Blvd., Suite 300 Uniondale, NY 11553-3608

Treasurer: Dr. George Kane

Address: 333 Earle Ovington Blvd., Suite 300 Uniondale, NY 11553-3608

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. Dr. Martin Kane President  
(Typed or printed name and capacity of person signing application)

---

HEALTHPLEX I.P.A., INC.

12.

**A DIRECTORS**

Philip J. Rizzuto  
Douglas King

333 Earle Ovington Blvd., Suite 300, Uniondale NY 11553  
333 Earle Ovington Blvd., Suite 300, Uniondale NY 11553

**B. OFFICERS**

Dr. Stephen J. Cuchel

Chairman of the Board  
333 Earle Ovington Blvd., Suite 300, Uniondale NY 11553

Philip J. Rizzuto

Vice President of Computer Operations  
333 Earle Ovington Blvd., Suite 300, Uniondale NY 11553

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of HEALTHPLEX I.P.A., INC. was filed on 01/03/1997, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 01/14/1999.

A Biennial Statement was filed 01/26/2001.

A Biennial Statement was filed 05/29/2003.

A Biennial Statement was filed 03/09/2006.

I further certify, that no other documents have been filed by such Corporation.

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 09th day of March two  
thousand and six.*



*Special Deputy Secretary of State*