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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

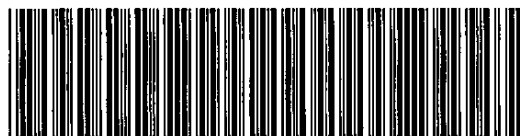
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/01/06--01020--011 **78.75

~~08/01/05--01020--011 **78.75~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-2-06
m

PATIENT PORTAL CONNECT, INC.
7108 Fairway Drive – Suite 215
Palm Beach Gardens, FL 33418

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 28, 2006

Florida Dept. of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Patient Portal Connect, Inc. Application for Authority to Transact Business
As a Foreign Corporation

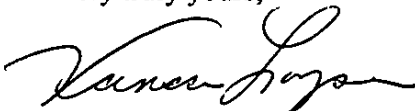
Dear Sir or Madam:

Enclosed for filing please find the following for filing:

1. Original Application and one copy for the above-name Delaware corporation to conduct business in Florida as a foreign corporation;
2. Certified Copy of Certificate of Good Standing from Delaware;
3. Check in the Amount of \$78.75 for the Filing Fee and for a Certified Copy; and
4. A self-addresses prepaid DHL envelope to return a Certified Copy to me at your earliest convenience.

Please call me at 315.638-6708 if you have any questions or require anything further.

Very truly yours,


Vanessa Loysen

Encs.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patient Portal Connect, Inc.

(Name of corporation - must include suffix)

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:

Vanessa Loysen

(Name of Person)

Patient Portal Connect, Inc.

(Firm/Company)

c/o TMS - 8276 Willett Parkway

(Address)

Baldwinsville, NY 13027

(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vanessa Loysen

(Name of Person)

at (315) 638-6708

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 FLORIDA.*

1. Patient Portal Connect, 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. 11-3780465

(FEI number, if applicable)

4. 5/17/06

(Date of incorporation)

5. perpetual

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

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7108 Fairway Drive - Suite 215, Palm Beach Gardens, FL 33418

(Principal office address)

Same as above

(Current mailing address)

**8. Hospital / patient process improvement software/database development
and Management systems related services**
(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

Weston

(City)

, Florida **33331**

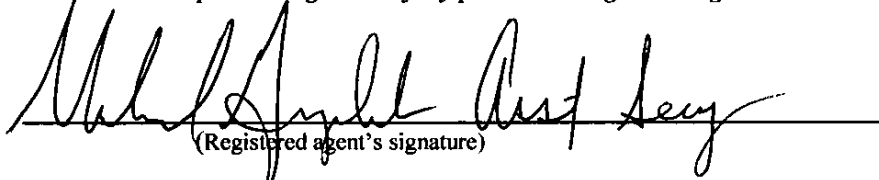
(Zip code)

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TALLAHASSEE, FLORIDA
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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.


(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: Brian P. Kelly
Address: 7108 Fairway Drive - Suite 215
Palm Beach Gardens, FL 33418

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brian P. Kelly
Address: 7108 Fairway Drive - Suite 215
Palm Beach Gardens, FL 33418

Vice President: _____

Address: _____

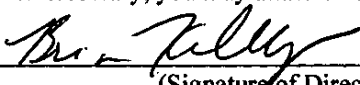
Secretary: Victoria A. Ramundo

Address: 8276 Willett Parkway - Baldwinsville, NY 13027

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. Brian P. Kelly
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CORRECTION OF "PATIENT PORTAL MEDIA, INC.", CHANGING ITS NAME FROM "PATIENT PORTAL MEDIA, INC." TO "PATIENT PORTAL CONNECT, INC.", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MAY, A.D. 2006, AT 2:06 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4158848 8100

060469439

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4754214

DATE: 05-17-06

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:06 PM 05/17/2006
FILED 02:06 PM 05/17/2006
SRV 060469439 - 4158848 FILE

STATE OF DELAWARE CERTIFICATE OF CORRECTION

Patient Portal Media, Inc., a
corporation organized and existing under and by virtue of the General Corporation Law of
the State of Delaware.

DOES HEREBY CERTIFY:

1. The name of the corporation is Patient Portal Media, Inc.
2. That a Certificate of Incorporation
(Title of Certificate Being Corrected)
was filed by the Secretary of State of Delaware on May 12, 2006
and that said Certificate requires correction as permitted by Section 103 of the
General Corporation Law of the State of Delaware.
3. The inaccuracy or defect of said Certificate is: (must be specific)
Name in Item 1 of the Certificate of Incorporation was
incorrect and must be corrected
4. Article 1 of the Certificate is corrected to read as follows:
The name of the corporation is Patient Portal Connect, Inc.
(the "Corporation").

IN WITNESS WHEREOF, said corporation has caused this Certificate of Correction
this 17th day of MAY, A.D. 2006.

By: Brian P. Kelly
Authorized Officer

Name: Brian P. Kelly

Print or Type

Title: President

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TALLAHASSEE, FLORIDA

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