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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTH SYSTEMS SOLUTIONS, 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:

Margaret O'D. Ryder

(Name of Person)

Adorno & Yoss LLP

(Firm/Company)

2525 Ponce De Leon Blvd., Suite 400

(Address)

Coral Gables, Florida 33134

(City/State and Zip code)

For further information concerning this matter, please call:

Margaret O'D. Ryder at (305) 460-1162

(Name of Person)

(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. **HEALTH SYSTEMS SOLUTIONS, 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. **NEVADA**

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

3. **82-1513245**

(FEI number, if applicable)

4. **July 31, 2001**

(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. **405 NORTH REO STREET, SUITE 300, TAMPA, FL 33609**

(Principal office address)

405 NORTH REO STREET, SUITE 300, TAMPA, FL 33609

(Current mailing address)

8. **Production of home health care computer software**

(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: **CARLOS A. MAS, ESQ.**

Office Address: **2525 Ponce De Leon Blvd. #400**

Coral Gables

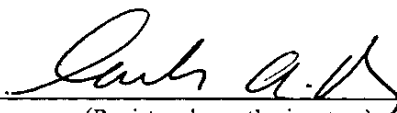
(City)

33134

(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.



(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Steven Katz

Address: 440 South Main street
Milltown, NJ 08850

Vice Chairman: Brian M. Milvain

Address: 405 North Reo Street, Suite 300
Tampa, FL 33609

Director: Bathsheva N. Schreiber

Address: 1164 Raritan Avenue
Highland Park, NJ 08904

Director: Randall J. Frapart

Address: 835 Bill Jones Industrial Drive
Springfield, TN 37172

B. OFFICERS

President: Brian M. Milvain

Address: 405 North Reo Street, Suite 300
Tampa, FL 33609

Vice President: Susan Baxter Gibson

Address: 405 North Reo Street, Suite 300
Tampa, FL 33609

Secretary: Susan Baxter Gibson

Address: 405 North Reo Street, Suite 300, Tampa, FL 33609

Treasurer: Susan Baxter Gibson

Address: 405 North Reo Street, Suite 300, Tampa, FL 33609 - See Attached

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. Susan Baxter Gibson, Vice President

(Typed or printed name and capacity of person signing application)

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HEALTH SYSTEMS SOLUTIONS, INC.

Item 12 Officers and Directors - Continued

Director: Wayne Leroux
286 8th Avenue North
Tierra Verde, FL 33715-1821

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH SYSTEMS SOLUTIONS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 31, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 7, 2006.

DEAN HELLER
Secretary of State

By

Certification Clerk