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Florida Department of State
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To:
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

Health Solutions Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

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10/05/2006 16:01 8508785926 CT CORPORATION SYSTM PAGE 01/05

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 Solutions Services, 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. 20-2810325 (FEI number, if applicable)

4. 04/15/2005 (Date of incorporation)

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

6. 10/01/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17400 Clotildale Drive, Suite E, Owings Mills, MD 21117
(Principal office address)

SAME
(Current mailing address)

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8. SEE ATTACHMENT
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

CT Corporation System

By: [signature] Asst. Secy.
(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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A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS *SEE ATTACHMENT*

President: Carrie Green

Address: 11400 Cronridge Drive Suite E

Owings Mills, MD 21117

Vice President: _____

Address: _____

_____

Secretary: William J. Clair

Address: 11400 Cronridge Drive Suite E , Owings Mills, MD 21117

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. Carrie Green, President _____
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Purpose Clause

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the General Corporation Law of Delaware.

Officers & Directors

1.	Full Name:	William J. Clair
	Officer/Director:	Officer
	Officer's Title:	Secretary
	Director's Title:	
	Business Address:	11400 Cronridge Drive Suite E
	City:	Owings Mills
	State:	MD
	ZIP Code:	21117
2.	Full Name:	Carrie Green
	Officer/Director:	Officer
	Officer's Title:	President
	Director's Title:	
	Business Address:	11400 Cronridge Drive Suite E
	City:	Owings Mills
	State:	MD
	ZIP Code:	21117

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TALLAHASSEE, FLORIDA

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH SOLUTIONS SERVICES, 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 FIFTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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060917542

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5094019

DATE: 10-05-06