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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2006 NOV 16 PM 4: 24 SECRETARY OF STATE

COVER LETTER

TO: New Filin Division o	g Section of Corporations			
SUBJECT. M	edtrac Solutions, In	C.		
SOBJECT			- must include suff	ix)
Dear Sir or Madan	n:			
The enclosed "App "Certificate of Exi transact business in		tion for A	authorization to Trangister the above refe	nsact Business in Florida," renced foreign corporation to
Please return all co	orrespondence concerning thi	s matter i	o the following:	
Jennifer Kell	еу			
	0	Name of	Person)	
Medtrac Sol	utions, Inc.			
	(1)	irm/Con	pany)	,
714 South C	hurch Street, Suite			
		(Addre	ss)	
Murfreesbor	o, Tennessee 37130			
	(City	y/State an	d Zip code)	
For further informa	tion concerning this matter, p	please cal	l:	
Jennifer Kelle	y at (615	849-8303	·
(Name of I			de & Daytime Telep	phone Number)
New Filing Division of Clifton Bui 2661 Execu Tallahassee	Corporations Iding tive Center Circle , FL 32301		New Filing	Corporations 27
Enclosed is a check \$70.00 Filing Fee	for the following amount: \$78.75 Filing Fee & Certificate of Statu		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.

(If name unavai	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida	
_{2.} Tennesse	e 3	20-1296828	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	-
_{4.} June 11, 2		Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	••
6. Not applic	able		_
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
714 South	Church Street, Suite B, Mu		
/	(Principal office ad		-
714 South	Church Street, Suite B, Mu	rfreesboro 37130	
	(Current mailing ad		-
	, (Caron manning and	dress)	
·	- · · · · · · · · · · · · · · · · · · ·		
(Purpose(Supplier a) of corporation authorized in home state or c	country to be carried out in state of Florida)	-
(Purpose(Supplier	country to be carried out in state of Florida)	
9. Name and stree	Supplier a) of corporation authorized in home state or content address of Florida registered agent: (P.	O. Box NOT acceptable) O. Box NOT acceptable) O. Box NOT acceptable	Drazzenia Brazzenia Brazzenia
9. Name and stree	Supplier a) of corporation authorized in home state or out address of Florida registered agent: (P. CT Corporation System	O. Box NOT acceptable) Oad Florida 33324	
9. Name and stree	Supplier a) of corporation authorized in home state or cet address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Ro	O. Box NOT acceptable) Oad Florida 33324	TEG
(Purpose(section of the purpose of t	Supplier a) of corporation authorized in home state or cet address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Ro Plantation (City) gent's acceptance: seed as registered agent and to accept serve	O. Box NOT acceptable) O. Box NOT acceptable) Oad Oad Florida 7 SECRETARY OF STATE CRIDA (Zip code) Asset of Florida (Zip code) Asset of Florida Oad Florida Oad Oad Oad Oad Oad Oad Oad	O place
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered as Having been name designated in this further agree to c	Supplier a) of corporation authorized in home state or context address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Round Plantation (City) gent's acceptance: led as registered agent and to accept serve application, I hereby accept the appoint	O. Box NOT acceptable) O. Box NOT acceptable) Oad Oad Oad Oad Oad Oad Oad Oa	place

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: Timothy Kelley Address: 2271 Kimbro Road Murfreesboro, Tennessee 37128 Vice Chairman: Address: **B. OFFICERS** President: Timothy Kelley Address: 2271 Kimbro Road Murfreesboro, Tennessee 37128 Vice President: Secretary: Jennifer Kelley Address: 2271 Kimbro Road, Murfreesboro, TN 37128 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Timothy Kelley, President

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

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 08/31/2006 REQUEST NUMBER: 06243544 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/11/2004 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0471389 JURISDICTION: TENNESSEE

MEDTRAC SOLUTIONS 714 S CHURCH ST STE_B MÜRFREESBORO, TN 37130 REQUESTED BY: MEDTRAC SOLUTIONS 714 S CHURCH ST STE B MURFREESBORO, TN 37130

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "MEDTRAC SOLUTIONS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID: THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

MŪRFREEŠBORO, TN 37130-0000

ON DATE: 08/31/06

RECEIVED:

FEES \$40.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$40.00

RECEIPT NUMBER: 00004020979 ACCOUNT NUMBER: 00490432



MEDTRAC SOLUTIONS INC 745 S CHURCH STREET SUITE 301

RILEY C. DARNELL SECRETARY OF STATE