

FD6000007788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

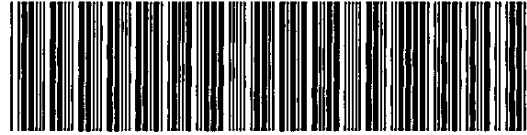
(Business Entity Name)

(Document Number)

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

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VH



Stephen A. Snyder  
Vice President and General Counsel

November 21, 2006

Via Priority Mail with Confirmation

New Filing Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Foreign Corporation Registration**

Dear sir or madam:

Enclosed please find:

1. Cover Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Application for Registration of Fictitious Name;
4. Certificate of Good Standing from the State of Delaware;
5. A check in the amount of \$60; and
6. A check in the amount of \$87.50.

Thank you for your kind attention to this matter. Please do not hesitate to contact me should you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'SASnyder', written over the typed name 'Stephen A. Snyder'.

Stephen A. Snyder

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Medical Transcription Billing, Corp.  
(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:

Stephen A. Snyder  
(Name of Person)

Medical Transcription Billing, Corp.  
(Firm/Company)

7 Clyde Road, Suite 201  
(Address)

Somerset, New Jersey 08873  
(City/State and Zip code)

For further information concerning this matter, please call:

Stephen A. Snyder at ( 732 ) 873-5133 x.113  
(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. Medical Transcription Billing, Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "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. 22-3832302

(FEI number, if applicable)

4. 9/28/2001

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 7 Clyde Road, Suite 201, Somerset, NJ 08873

(Principal office address)

7 Clyde Road, Suite 201, Somerset, NJ 08873

(Current mailing address)

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8. To engage in any lawful business activity.

(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: Loraine Goetsch

Office Address: c/o Advanced Physician Billing, 12600 SW 120 Street, Suite 117

Miami

(City)

, Florida 33186

(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.

*Loraine Goetsch*

(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:

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**A. DIRECTORS**

Chairman: Mahmud U. Haq

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: David Rosenblum

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: David Rosenblum

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

Vice President: Loraine Goetsch

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

Secretary: Stephen A. Snyder

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

Treasurer: Mahmud U. Haq

Address: 7 Clyde Road, Suite 201, Somerset, NJ 08873

**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. Mahmud U. Haq, CEO

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

# Delaware

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DIVISION OF CORPORATIONS  
PAGE 1  
06 DEC 19 PM 3:47

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MEDICAL TRANSCRIPTION BILLING, CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2001, AT 9 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-FIRST DAY OF MARCH, A.D. 2003, AT 12:14 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF MAY, A.D. 2004, AT 9:30 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2004, AT 8:05 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "MEDICAL TRANSCRIPTION BILLING, CORP.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5178645

DATE: 11-08-06

# Delaware

PAGE 2

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BEEN FILED TO DATE.

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



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5178645

DATE: 11-08-06