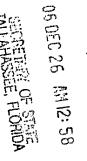
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December 19, 2006

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

06 DEC 26 AM IZ: 58
SECRETARY OF SIRTE

RE:

Patient Portal Media, 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;
- 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.

# FILED

# **COVER LETTER**

06 DEC 26 AM 12: 58

SEGGETARY OF STATE TALLAHASSEE, FLORIDA

TO: New Filing Section Division of Corporations	IALLAHASSEE,	
SUBJECT: Patient Portal Media, I	nc.	
	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matter	r to the following:	
Vanessa Loysen		
(Name o	f Person)	
Patient Portal Media, Inc.		
(Firm/C	ompany)	
c/o TMS - 8276 Willett Parkway	<u> </u>	
·	dress)	
Baldwinsville, NY 13027		
(City/State	and Zip code)	
For further information concerning this matter, please	call:	
Vanessa Loysen at ( 315	, 638-6708	
(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 & S87.50 Filing Fee, Certified Copy 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 Media, Inc.	
(Enter name of corporation; must include "INCOR "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	PORATED," "COMPANY," "CORPORATION,"
	HE C ZO
(If name unavailable in Florida, enter alternate corp	porate name adopted for the purpose of transacting business in Florida)
<sub>2.</sub> Delaware_	3. 41-2221238 § 5
(State or country under the law of which it is incorp	
4. 12/5/06	<sub>5.</sub> perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
<sub>6.</sub> Upon Qualification	
	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability)
7. 7108 Fairway Drive - Suite	215, Palm Beach Gardens, FL 33418
(Principa	il office address)
Same as above	
(Current	mailing address)
	a and community support svcs.
(Purpose(s) of corporation authorized in hon	ne 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, I	nc.
Office Address: 2731 Executive F	Park Dr., Ste 4
Weston	, Florida 33331
(City)	(Zip code)
10 Pagistared agent's accentance	

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.

> NRAI Services, Inc. 12/20/06 (Registered agent's signature)

Christian Eubanks, Assistant Secretary
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.

FILED

12. Names and business addresses of officers and/or directors:	FILED	
A. DIRECTORS	06 DEC 26	AH 12: 58
D: D K "		
Address: 7108 Fairway Drive - Suite 215	SECHETHEY ALLAHASSEE	OF STATE , FLORIDA
Palm Beach Gardens, FL 33418		
Vice Chairman:	· <u> </u>	
		<del></del>
Address:	<del></del>	
Director:		
Address:		- · · - · · · · · · · · · · · · · · · ·
Director:	· · ·	
Address:	· · · · · · · · · · · · · · · · · · ·	
B. OFFICERS	······································	
President: Brian P. Kelly		
Address: 7108 Fairway Drive - Suite 215	<u> </u>	
Palm Beach Gardens, FL 33418		
Vice President:		<u> </u>
Address:	<del></del>	<del></del>
7.00.000	<del></del>	
Secretary:		
Address:	· · · · · · · · · · · · · · · · · · ·	
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or direc	tors.
13. Bun fully (Signature of Director or Officer listed in number 12 of the application)		
Brian P. Kelly		

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

# Delaware

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENT PORTAL MEDIA, 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 SEVENTH DAY OF DECEMBER, A.D. 2006.



AUTHENTICATION: 5257718

DATE: 12-07-06

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