## F07000000068

. (Re	equestor's Name)			
(Ac	ldress)			
(Ac	Idress)			
	10. 1 5. 10.			
(Cr	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)	)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only				



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DEFARTMENT OF STATE VISION OF CORPORATIONS TALE

RECEIVED

2007 JAN -4 PH 4: 30 SECRETARY OF STATE

T. Burch JAN 5 200%



DN SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 672874 7560443
AUTHORIZATION :
COST LIMIT : \$ 70.00
ORDER DATE : December 18, 2006
ORDER TIME : 3:13 PM
ORDER NO. : 672374-005
CUSTOMER NO: 7560443
FOREIGN FILINGS
NAME: HEALTH CARECHAIN, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Haddan EXT# 2955
EXAMINER:

APPLIC			'ION FOR AUTHORIZATION TO TRAŃSA IN FLORIDA	. <b>C</b> ]
			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	LAINA
1. Health CareCh	ain, Inc.			1
(Enter name of	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"	ין די רטואטר
(If name unavai	ilable in Florida, enter alternate corporate na	mo	adopted for the purpose of transacting business in Florida	 a)
2. Delaware	,		84-15554364	*/
~	under the law of which it is incorporated)	<u>.</u> 3.	(FEI number, if applicable)	-
4. July 07,	2000	5	Perpetual	
	e of incorporation)	٥.	(Duration: Year corp. will cease to exist or "perpetual"	)
6.				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	~-
5144 First Aven	ue North, St. Petersburg, FL 33710		, , ,	
/ *	(Principal office	add	ress)	-
P.O. Box 12623	St. Petersburg, FL 33712			
	(Current mailing	add	ress)	_
8. Medical transcri	iption services and software			
(Purpose(	s) of corporation authorized in home state o	r co	ountry to be carried out in state of Florida)	_
9. Name and stre	ct address of Florida registered agent: (	P.C	D. Box <u>NOT</u> acceptable)	
Name:	Karen Kasper			
Office Address:	219 58th Avenue S			
	St. Petersburg		, Florida <sup>, 33705</sup>	
	(City)		(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.

By: (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.

A. DIR	ECTORS			
Chairmai	Dr. Peter S. Tippett,			
Address:	4735 Walnut Street, Suite 140	Ì	<u> 18</u>	<b>h</b> B7
	Boulder, CO 80301		<u> </u>	JAN.
Vice Cha	Thomas E. Carson	455		ے ا
Address:	4735 Walnut Street, Suite 140	<del></del>	197	-
	Boulder, CO 80301	LOK	SIA	:t
Director:	,J. Richard Alexander	IUA I	<u>'</u> —	30
Address:	4735 Walnut Street, Suite 140			
	Boulder, CO 80301			
Director:	Robin D. Daigh			
Address:	4735 Walnut Street, Suite 140			
	Boulder, CO 80301			_
B. OFF	ICERS			
President	Thomas E. Carson			
Address:	4735 Walnut Street, Suite 140	-		
	Boulder, CO 80301			
Vice Pres	sident:			_
Address:				_
Secretary	:			_
Address:				_
Treasurer	;			
Address:				
NOTE	If nepessary, you may attach an addendum to the application listing additional officers and	for directors		
. (		of directors.		
13.	(Signature of Director or Officer listed in number 12 of the application)			
1.4 Thor	mas E. Carson, President			

(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 "HEALTH CARECHAIN, 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 FOURTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH CARECHAIN, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2000.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Warriet Smith Window Sourton of State

AUTHENTICATION: 5327188

DATE: 01-04-07

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