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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 8-9



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August 8, 2007

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 6997237 SO  
Customer Reference 1: CNA  
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Infocrossing Healthcare Services, Inc. (DE)  
Certificate of Status/Authorization-Foreign  
Florida

Infocrossing Healthcare Services, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

## COVER LETTER

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

**SUBJECT:** Infocrossing Healthcare Services, Inc.  
(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:

Donna Wiseman-Allen

(Name of Person)

Infocrossing, Inc.

(Firm/Company)

2 Christie Heights Street

(Address)

Leonia, New Jersey 07605

(City/State and Zip code)

For further information concerning this matter, please call:

Donna Wiseman-Allen

(Name of Person)

at (201) 840-4700

(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. Infocrossing Healthcare 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. 58-2040043

(FEI number, if applicable)

4. 5/11/1989

(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. 14055 Riveredge Drive, Suite 450, Corporate Center - Bldg 3, Tampa, FL 33637

(Principal office address)

2 Christie Heights Street, Leonia, NJ 07605

(Current mailing address)

8. Data processing services to the healthcare industry

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

**Arlene Bernal**  
**Vice President**

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:

FILED

2007 AUG -8 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Zach Lonstein

Address: 2 Christie Heights Street, Leonia, NJ 07605

Vice Chairman: Robert B. Wallach

Address: 2 Christie Heights Street, Leonia, NJ 07605

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

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

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

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

**B. OFFICERS**

President: Arthur Miller

Address: 2 Christie Heights Street, Leonia, NJ 07605

Vice President: \_\_\_\_\_

Address: 2 Christie Heights Street, Leonia, NJ 07605

Secretary: Nicholas Letizia

Address: 2 Christie Heights Street, Leonia, NJ 07605

Treasurer: William J. McHale

Address: 2 Christie Heights Street, Leonia, NJ 07605

**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. William J. McHale

Treasurer and Chief Financial Officer

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

# Delaware

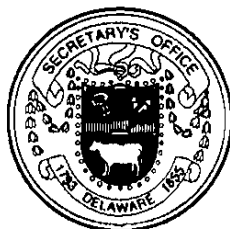
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFOCROSSING HEALTHCARE 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 SEVENTH DAY OF AUGUST, A.D. 2007.

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

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



2196076 8300

070898732

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5908316

DATE: 08-07-07