

Florida Department of State

Division of Corporations Public Access System

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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
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ARCHIMEDES, INC.

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July 8, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: ARCHIMEDES, INC.

REF: W08000032300

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Tim Burch Regulatory Specialist II New Filing Section

FAX Aud. #: H08000167377 Letter Number: 308A00040206

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. Archimedes Inc. (Enter pame 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) 20-3774729 California (State or country under the law of which it is incorporated) (FEI number, if applicable) 11/3/2005 perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpenual"). March 1, 2008 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 201 Mission Street, 29th Floor, San Francisco, CA 94105 (Principal office address) 872 S. Delaware Avenue Tampa, FL 33606 (Current mailing address) g. One marketing employee works from his home for helathcare modeling company (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) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahassee (City) 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.

> Corporation Service Company Amanda Roath As its agent

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: | 08 JUL -8 PM 2: 19 |
|--|---|
| A. DIRECTORS | SECUETABY OF STATE |
| Chairman: Robert M. Crane | SECRETARY OF STATE |
| Address: One Kaiser Plaza | |
| Oakland, CA 94612 | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: Jed Weissberg, MD | |
| Address: One Kaiser Plaza | |
| Oakland, CA 94612 | |
| Director: William Graber | |
| Address: 145 Las Vegas Road | |
| Orinda, CA 94563 | |
| B. OFFICERS | • |
| President: John F. Beasley | |
| Address: 201 Mission Street, 29th Floor | |
| San Francisco, CA 94105 | |
| Vice President: | |
| Address: | |
| | |
| Secretary: Linda Purkiss | |
| Address: One Kaiser Plaza Oakland, CA 94612 | |
| Treasurer: | |
| Address: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing | g additional officers and/or directors. |
| 13. (Single Spingle Office line in 1992) | afaha analisasian) |
| (Signature of Director or Officer listed in number 12 14. John F. Beasley President and CEO | or the application) |
| (Typed or printed name and capacity of person tion | ning application) |

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State of California Secretary of State

CERTIFICATE OF STATUS

08 JUL -8 PM 2:19 SECRETARY OF STATE TALL AHASSEE, FLORIDA

ENTITY NAME:

ARCHIMEDES, INC.

FILE NUMBER: FORMATION DATE:

TYPE:

JURISDICTION: STATUS:

C2609442 11/03/2005

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 02, 2008.

DEBRA BOWEN Secretary of State

NP-25 (REV 1/2007)

KLH