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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 31 PM 4: 34

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

ExamWorks, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 DEC 31 PM 4: 04

RECEIVED

T. Curch JAN 4 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ExamWorks, 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," or "Certificate of Good Standing" 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:

Name of Person

Firm/Company

Address

City/State and Zip code

miguel.fernandez@examworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

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 Cop ☐ \$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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. ExamWorks, 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. 26-1114252

(FBI number, if applicable)

4. 04/27/2007

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

(Principal office address)

same

(Current mailing address)

8. Medical referral service

(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

(City)

Florida 33324

(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:

Michael Scraphin

Michael Scraphin Asst. Secretary

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard Perlman

Address: 3280 Peachtree Road, Suite 2625

Atlanta, GA 30305

Director: James Price

Address: 3280 Peachtree Road, Suite 2625

Atlanta, GA 30305

B. OFFICERS *SEE ATTACHMENT*

President: Wesley Campbell

Address: 3280 Peachtree Road, Suite 2625

Atlanta, GA 30305

Vice President: Kevin Kozlowski

Address: 3280 Peachtree Road, Suite 2625

Atlanta, GA 30305

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Crystal Patmore
(Signature of Director or Officer listed in number 12 of the application)

14. Crystal Patmore, Secretary
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- | | | |
|---|-------------------|---------------------------------|
| 1 | Full Name: | Richard Perlman |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Co-Executive Officer |
| | Director's Title: | Other Director |
| | Business Address: | 3280 Peachtree Road, Suite 2625 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30305 |
| 2 | Full Name: | James Price |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Co-Executive Officer |
| | Director's Title: | Other Director |
| | Business Address: | 3280 Peachtree Road, Suite 2625 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30305 |
| 3 | Full Name: | Miguel Fernandez de Castro |
| | Officer/Director: | Officer |
| | Officer's Title: | Senior VP and CFO |
| | Director's Title: | |
| | Business Address: | 3280 Peachtree Road, Suite 2625 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30305 |
| 4 | Full Name: | Crystal Patmore |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President and Secretary |
| | Director's Title: | |
| | Business Address: | 3280 Peachtree Road, Suite 2625 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30305 |
| 5 | Full Name: | Reinaldo Pascual |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

6

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Officer

Assistant Secretary

3280 Peachtree Road, Suite 2625

Atlanta

GA

30305

J. Thomas Presby

Director

Director

3280 Peachtree Road, Suite 2625

Atlanta

GA

30305

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXAMWORKS, 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2009.

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7732282

DATE: 12-31-09