Division of Corporations

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Phone Fax Number

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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.

FOREIGN PROFIT/NONPROFIT CORPORATION \geq_{ω}

Opus Healthcare Solutions, Inc.

	72.00.00, 22.00
Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANT REGISTER A F	CE WITH SECTION 607.1503, FLORIDA ST. OREIGN CORPORATION TO TRANSACT BI	ATUTES, THE FOLLOWING IS SUBMITTED TO USINESS IN THE STATE OF FLORIDA	
· Omic	Healthcare Solution	TANGE TANG	•
(Enter name of	Teoltocase Solution (Comporation; must include "INCORPORATED," "Corp." "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unave	iliable in Morida, enter elternate corporate name a	dopted for the purpose of transacting business in Florida)	
2 Texa	٠.	76-0006143	1
(State or countr	y under the law of which it is incorporated)	(PEI number, if applicable)	
	4		
	te of incorporation)	Perpetual (Duration: Year corp. will couse to exist or "perpetual")	
_			
(Date first trans	sacted business in Florids. If corporation has not to (SEE SECTIONS 607.1501,	manusacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	X.
7. 12301E	S Riata Trace Porku	ay Bldg 2 Ste 200 78727)
	(Principal office addre	33)	
	Same (Current melling addre		
·	(Current mailing addre	35)	
		X 1 1 X 4	,
8 _ Sare	(s) of clinicical Software (s) of corporation authorized in home state or cou	e to hospitals	
			71
			الباديدين الباديدين
Name:	C T Corporation System	ASS.	1
Office Address:	1200 South Pine Island Road		[11]
		7 T	
	(City)	, Florida 33324 (Zip code)	5
		, Florida 33324 (Zip code)	
	agent's acceptance:	e of process for the above stated corporation at the pla	-
designated in th	is annication. I kereby accept the appointme	out as registered agent and geres to act in this capacit	gu X
further agree to	comply with the provisions of all statutes rel	lative to the proper and complete performance of my o	ļuties,
and I am Januli	ar with and accept the obligations of my posi	non as registered agent.	
	CT Corporation System	Jane Zachritz	
	By Ocas Bookleto.	Julie Ederinia	
	(Registered agent's signature)	AND THE PARTY OF T	
the Department	of State, by the Secretary of State or other off	not more than 90 days prior to delivery of this applicati ficial having custody of corporate records in the jurisdic	on to etion
under the law of	f which it is incorporated. I pusiness addresses of officers and/or direc		

FLORE - MALGOOD C T Summ Critics

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A. DIRECTORS	MASSON DE LA CONTRE LA CON
Chairman:	
Address:	03/15
	<i>M</i>
Vice thairman:	
Address:	
Director: Streve Plachocki	
Address: 12301 B Riata Trace Darkway, B'	ldg 2 , Ste 200
Austin, Texas 78727	
Director. Patrick B. Cline	
Address: Same as above	
R. OFFICERS	
President gatherell B. Cline	
Address: Some and Obove	·
	·····
Vice President Tim Rhoads	
Address: Salve as about	
· ·	
Scorotery: Paul Host	······································
Address: Sauce as above	
Treasurer: Daw 1 Host	
Address: Same as above	
	s pos
NOTE: If necessary, you may attach an addendum to the application listing additions 13.	ai officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application	n)
14. The Phoods Vice Dresident	
Thread or minted name and consolid of parton riming applied	etion)

FLORE - LINESCOOK CT System Option

Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for OPUS HEALTHCARE SOLUTIONS, INC. (file number 105246800), a Domestic For-Profit Corporation, was filed in this office on January 15, 1988.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 08, 2009.



Hope Andrade Secretary of State

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