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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

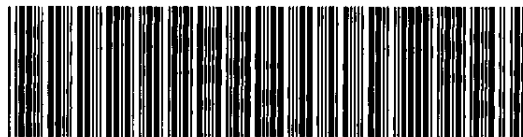
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2010

GORDON GETZ  
DATA HEALTH SYSTEMS INC.  
121 BLACK HICKORY WAY  
ORMOND BCH, FL 32174

SUBJECT: DATA HEALTH SYSTEMS INC  
Ref. Number: W10000043373

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We have received your document for DATA HEALTH SYSTEMS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00021948

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section  
P.O. BOX 6327  
Tallahassee, Florida 32314  
(850) 245-6995  
www.sunbiz.org

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## COVER LETTER

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

**SUBJECT:** Data Health Systems 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:

Gordon Getz  
Name of Person  
Data Health Systems Inc.  
Firm/Company  
121 Black Hickory Way  
Address  
Ormond Beach, FL 32174  
City/State and Zip code  
gordon@datahealthsystems.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon Getz at (386) 212-3616  
Name of Person 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. Data Health Systems, 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. NEVADA 3. 90-0596438  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 2, 2010 5. "PERPETUAL"  
(Date of incorporation) (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. 121 BLACK HICKORY WAY, ORMOND BEACH, FL, 32174  
(Principal office address)

(Current mailing address)

8. Computer Based Software 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)

Name: Gordon Gebz

Office Address: 121 Black Hickory Way  
Ormond Beach, Florida 32174  
(City) (Zip code)

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**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.*

Gordon Gebz  
(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.

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

**A. DIRECTORS**

Chairman: Gordon Getz

Address: 121 Black Hickory way  
Ormond Beach, FL 32174

Vice Chairman: \_\_\_\_\_

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

Director: Josephine Getz

Address: 121 Black ~~way~~ Hickory way  
Ormond Beach, FL 32174

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

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

**B. OFFICERS**

President: Gordon Getz

Address: 121 Black Hickory way  
Ormond Beach FL 32174

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

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

Secretary: Josephine Getz

Address: 121 Black Hickory way, Ormond Beach, FL 32174

Treasurer: Josephine Getz

Address: 121 Black Hickory way, Ormond Beach, FL 32174

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

13. Gordon Getz

(Signature of Director or Officer listed in number 12 of the application)

14. Gordon Getz President

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

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# SECRETARY OF STATE



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TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DATA HEALTH SYSTEMS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 2, 2010, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 10, 2010.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20100910-1754  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>