

F1100000757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

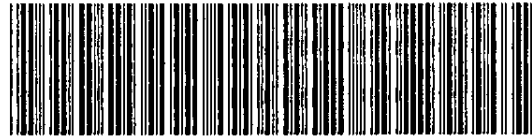
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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02/18/11--01035--014 \*\*70.00

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. Shivers FEB 22 2011

**MORELLA**  
ASSOCIATES  
ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION

Michael E. Lamb

melamb@morellalaw.com  
(412) 369-9696 x114

February 17, 2011

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Via Overnight Courier**

Re: MedInfo Partners, Inc. (the "Company")

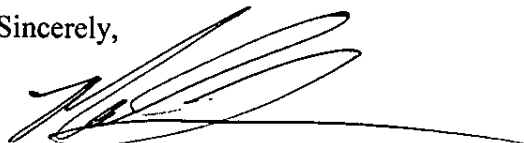
Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida (the "Application") for the Company, along with a check in the amount of \$70.00 for the required filing fee. As requested by the Application, I have also enclosed an original Certificate of Good Standing from the Secretary of State of the State of Delaware.

Should the enclosed be acceptable to you, please file the original Application on behalf of the Company. Also, please date stamp the copy of the Application and return the same to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. Should you have any questions, please call.

Sincerely,



Michael E. Lamb

MEL/slk

Enclosures

cc: MedInfo Partners, Inc. (w/ enclosures)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** MedInfo Partners, 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:

Michael E. Lamb, Esquire

Name of Person

Morella & Associates, A Professional Corporation

Firm/Company

706 Rochester Road

Address

Pittsburgh, PA 15237

City/State and Zip code

dlatour@medinfotv.com

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

For further information concerning this matter, please call:

Diana LaTour

Name of Person

at ( 650 ) 430-4929

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**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. MedInfo Partners, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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. 4935033

(FEI number, if applicable)

4. 02/01/2011

(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. 2805 East Oakland Park Blvd., Suite 444 Ft. Lauderdale FL 33306

(Principal office address)

2805 East Oakland Park Blvd., Suite 444 Ft. Lauderdale FL 33306

(Current mailing address)

8. Captive Media Networks Business

(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: Diana LaTour, President

Office Address: 2805 East Oakland Park Blvd, Suite 444

Ft. Lauderdale

(City)

Florida 33306

(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.*



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

**A. DIRECTORS**

Chairman: SEE ATTACHED ADDENDUM EXHIBIT "A"

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

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

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

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

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

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

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

**B. OFFICERS**

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Diana LaTour, President

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

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**EXHIBIT A**

**Directors and Officers of MedInfo Partners, Inc.**

**DIRECTORS**

Co-Chairman of the Board:	Edward A. Teraskiewicz
Co-Chairman of the Board:	Christopher Pearce
Director:	Diana Latour

**OFFICERS**

Chief Executive Officer:	Diana LaTour
President:	Diana LaTour
Chief Media Officer:	Christopher Pearce
Vice President, Marketing and Advertising Sales:	Jan Edwards
Chief Financial Officer:	Moaaz Sheikh
Treasurer:	Moaaz Sheikh
Secretary:	Diana LaTour

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TALLAHASSEE, FLORIDA

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDINFO PARTNERS, 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 TENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDINFO PARTNERS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.


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TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8553245

DATE: 02-10-11