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DIVISION OF CORPORATIONS

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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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Fax Number : (850) 617-6381

From: Account Name : FLORIDA RESEARCH & FILING SERVICES INC
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Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
EPICQUESTLIVE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	21 6
Estimated Charge	\$70.00

*** RESUBMITTING
w/ CORRECTIONS
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February 25, 2011

FLORIDA DEPARTMENT OF STATE

FLORIDA RESEARCH & FILING SERVICES, INC. Division of Corporations

SUBJECT: EPIQUESTLIVE INC
REF: W11000011086

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000050382
Letter Number: 311A00004758

H11000050382

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EPIQUESTLIVE 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:

CHRISTOPHER SAUNDERS

Name of Person

EPIQUESTLIVE INC

Firm/Company

2385 NW EXECUTIVE CENTER DR. SUITE 100

Address

BOCA RATON FL33431

City/State and Zip code

C.SAUNDERS@EPIQUESTLIVE.COM

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

For further information concerning this matter, please call:

TONY SMITH

Name of Person

at (954) 3182787 EXT 1782

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 ☒ H11000050382 Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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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. EPIQUESTLIVE 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. NORTH CAROLINA

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 10-28-2008

(Date of incorporation)

5. PERPETUAL

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

6. 2-15-2010

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

7. 2385 NW EXECUTIVE CENTER SUITE 100 BOCA RATON FL 33431

(Principal office address)

2385 NW EXECUTIVE CENTER SUITE 100 BOCA RATON FL 33431

(Current mailing address)

8. SUPPLY OF INFECTION CONTROL SOFTWARE TO HOSPITALS

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

NRAI Services, Inc.

By: _____

(Registered agent's signature)

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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. DIRECTORSChairman: SIR AUBREY BROCKLEBANK BTAddress: 21 NEEDHAM ROAD STANWICK NORTHANTS ENGLAND NN9 6QU

Vice Chairman: _____

Address: _____

Director: CHRISTOPHER SAUNDERSAddress: 50 PRINCESS DIANA DRIVE ST ALBANS HERTFORDSHIRE ENGLAND AL4 0EDDirector: BONNIE TAGGARTAddress: UNIT L4 BUTTONWOOD BAY 96000 OVERSEAS HIGHWAY
KEY LARGO FL 33037**B. OFFICERS**President: CHRISTOPHER SAUNDERSAddress: 50 PRINCESS DIANA DRIVE ST ALBANS HERTFORDSHIRE ENGLAND AL4 0EDVice President: BONNIE TAGGARTAddress: UNIT L4 BUTTONWOOD BAY 96000 OVERSEAS HWY
KEY LARGO FL 33037Secretary: CHRISTOPHER SAUNDERSAddress: 50 PRINCESS DIANA DRIVE ST ALBANS HERTFORDSHIRE ENGLAND AL4 0EDTreasurer: CHRISTOPHER SAUNDERSAddress: 50 PRINCESS DIANA DRIVE ST ALBANS HERTFORDSHIRE ENGLAND AL4 0ED

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

13. _____

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

14. **PRESIDENT & CHIEF EXECUTIVE OFFICER**

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

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TALLAHASSEE, FLORIDA

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NORTH CAROLINA
Department of The Secretary of State

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CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

EPIQUESTLIVE, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of October, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of February, 2011.

Elaine F. Marshall

Secretary of State H11000050382