

(Requestor's Name)				
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ACCOUNT NO.	:	120000001	95		
REFERENCE	:	503941	7841736		
AUTHORIZATION	:				
COST LIMIT	:	\$ 70			
ORDER DATE : January 22, 2013					
ORDER TIME : 9:14 AM					
ORDER NO. : 503941-015					
CUSTOMER NO: 7841736					
FOREIGN F	[LI]	NGS			
NAME: MEDICAL EVALUATION SPECIALISTS					
INC.					
XXXX QUALIFICATION (TYPE: CO))				
(1111)	۷,				
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FILI	NG:		
CERTIFIED COPY XX PLAIN STAMPED COPY					
CERTIFICATE OF GOOD STA	ND:	ING			
CONTACT PERSON: Harry B. Davis	s -·	- EXT# 2926			
	I	EXAMINER:			

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.

	luation Specialists, Inc.				
			COMPANY," "CORPORATION	17 1	
."Inc.," "C.o.," "(Corp." "Inc," "Co," or "Corp.")	1			
			•	•	
//Cname unavai	lable in Clarida, entar altagrata		opted for the purpose of transacting	husings in Placida)	
	iable in Piorida, effici afferiate	·		, business in Fightia)	
2. Michigan			3-2193020		
(State or country	under the law of which it is it	(corporated)	(FEI number, if appli	cable).	
4. 02/07/1978		5. <u>P</u> c	erpetual		
(Date	e of incorporation)	1)	Duration: Year corp. will cease to	axist or "perpetual")	
6. Upon filing.					
	(Date first trans (SEE SECTIONS 60	sacted business in F 17.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability	<i>(</i>)	
7, 500 West Cui	nmings Park, Suite 4050	Woburn, MA 01	801		
,		ncipal office address			
**************************************	(Cur	Tent mailing address	i)		
·	w scheduling and admins				
(Purpose(s) of corporation authorized in	home state or count	ry to be carried out in state of Flor	ida) Egg	<u>~</u>
9. Name and stre	et address of Florida registe	red agent: (P.O. B	ox NOT acceptable)		JAI
	_	-		25.7°	~= No -
Name:	Corporation Service Co	отпрану	-		23 🗚
Office Address:	1201 Hays Street			<u> </u>	= (
	Tallahassee		_, Florida <u>32301</u> .	.OR OR	3 JAN 23 AM 9: 1
	(City)		(Zip code)	<u>Ş</u> H	_
			(= γ · · = · ·)		
	gent's acceptance:	4	of process for the above stated p		
designated in this	application, I hereby acce,	to accept service t pt the appointmen	y process for the above stated of t as registered agent and agree	orporation at the pla To act in this capacit	v. I
further agree to c	omply with the provisions o	of all statutes relai	ive to the proper and complete		
	with and accept the obliga		on as registered agent.		
	Corporation Service Con	npany		\wedge	
Ţ	Зу:			2.5	io
	····	gent's signature)		Harry B. Dar Asst. Vice Pres	vio eident
	(wegistered at	sem a signature)	V	ASST. VICE FIE	

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: See attached listing.			-
Address:			_
			_
Vice Chairman:			_
Address:			-
			_
Director:			
Address:			•
•			-
Director:			-
Address:			•
Address:			-
B. OFFICERS	<u> </u>		-
Construction of Product			
			-
Address:			-
		<u> </u>	-
Vice President:	<u> </u>	<u>₩</u> 2	
Address:		<u></u>	- j
	FI.OH FI.OH FI.OH	9	_ =
Secretary:	<u>- 골목</u>		-
Address:			-
Treasurer:		 , 	-
Address:			_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	irectors.		
13. Clare Agreed Signature of Director or Officer			-
The officer or director signing this document (and who is listed in number 12 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of S third degree felony as provided for in s.817.155, F.S.	ts stated he	erein	
Clare Arguedas, General Counsel, Executive Vice President and Secretary			

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

OFFICERS AND DIRECTORS FOR: MEDICAL EVALUATION SPECIALISTS, INC.

OFFICERS:

Richard E. Perlman, Executive Chairman, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

James K. Price. Chief Executive Officer, 3280 Peachtree Road, Suite 2625. Atlanta, GA 30305

Wesley Campbell, President, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

<u>J. Miquel Fernandez de Castro</u>. Chief Financial Officer, Senior Executive Vice President and Treasurer, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

Kevin Kozlowski, Chief Information Officer, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

Crystal Patmore, Executive Vice President, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

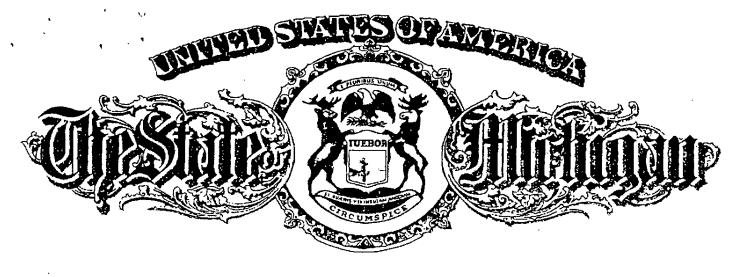
<u>Clare Arguedas</u>, General Counsel, Executive Vice President and Secretary, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

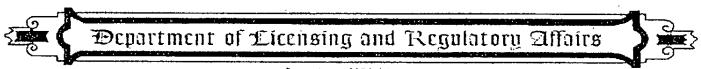
DIRECTORS:

Richard F. Perlman, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

James K. Price, 3280 Peachtree Road, Suite 2625, Atlanta, GA 30305

SECREPARY OF STATE





Lansing, Michigan

This is to Certify That

MEDICAL EVALUATION SPECIALISTS, INC.

was validly incorporated on February 7, 1978, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and creditgiven it in every court and office within the United States.

SECSETION OF STATE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of January, 2013.

Director

Bureau of Commercial Services