

F13000000528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

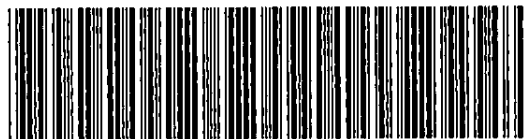
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800243738568

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

13 FEB -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
SECRET OF STATE

0-16

10-1

44-3-6471

MD 2/6



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 518405 7276430

AUTHORIZATION

Stephanie Milnes

COST LIMIT : \$ 70.00

FILED
13 FEB - 1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 1, 2013

ORDER TIME : 1:04 PM

ORDER NO. : 518405-005

CUSTOMER NO: 7276430

FOREIGN FILINGS

NAME: FRONTLINE MEDICAL
COMMUNICATIONS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2013

CSC

WALK-IN

RESUBMIT

Please give original
submission date as file date.

SUBJECT: FRONTLINE MEDICAL COMMUNICATIONS INC.
Ref. Number: W13000006471

We have received your document for FRONTLINE MEDICAL COMMUNICATIONS INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 713A00002615

RECEIVED
DIVISION OF STATE
CORPORATIONS
2013 FEB -4 PM 4:18
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2013

CSC

WALK-IN

RESUBMIT

Please give original
submission date as file date.

SUBJECT: FRONTLINE MEDICAL COMMUNICATIONS INC.
Ref. Number: W13000006471

We have received your document for FRONTLINE MEDICAL COMMUNICATIONS INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 713A00002615

RECEIVED
DEPARTMENT OF STATE
13 FEB - 5 PM 1:48

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Frontline Medical Communications 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:

Sylvia Sanchez Schuler

Name of Person

Corporate Service Company

Firm/Company

2711 Centerville Rd. Suite 400

Address

Wilmington, DE 19808

City/State and Zip code

ssanche2@cscinfo.com

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

For further information concerning this matter, please call:

Ryan Sevean at Frontline

at (973) 206-8019

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. Frontline Medical Communications Inc.

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

Quadrant HealthCom Inc or IMNG

(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. 22-3448361

(FEI number, if applicable)

4. JUNE 6, 1996

(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. 7 Century Drive Suite 302, Parsippany, NJ 07054

(Principal office address)

Same

(Current mailing address)

8. Journalist located in Florida will be doing medical reporting and editorial work for medical journals

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(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.

Corporation Service Company

By: S. Milnes

(Registered agent's signature)

Stephanie Mines Asst. V.P.

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.

FILED
13 FEB - 1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Stephen Stoneburn

Address: 7 century drive suite 302

Parsippany, NJ 07054

Vice Chairman: _____

Address: _____

Director: Doug Grose

Address: 7 Century Drive Suite 302

Parsippany, NJ 07054

Director: _____

Address: _____

B. OFFICERS

President: Marcy Holton - President & CEO

Address: 7 Century Drive suite 302

Parsippany, NJ 07054

Vice President: Alan Imhoff - President IMNG

Address: 7 Cnetury Drive Suite 302

Parsippany, NJ 07054

Secretary: _____

Address: _____

Treasurer: Ryan Sevean - Controller/ Treasurer

Address: 7 Century Drive, Suite 302, Parsippany, NJ 07054

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. Ryan T. Sevean - Controller / Treasurer

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

FILED
13 FEB - 1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRONTLINE MEDICAL COMMUNICATIONS 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 FIRST DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTLINE MEDICAL COMMUNICATIONS INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 1996.

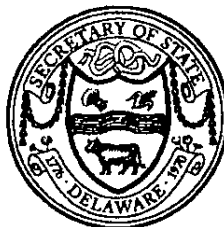
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
13 FEB - 5 AM 8:23
SECRETARY OF STATE
DELAWARE

2626529 8300

130119539




Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0186710

DATE: 02-01-13