

F13000002768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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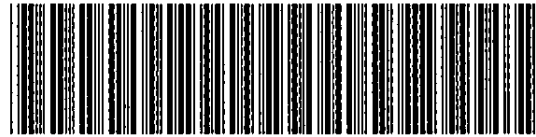
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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LC326-613



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 700052 7354150

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 24, 2013

ORDER TIME : 3:15 PM

ORDER NO. : 700052-005

CUSTOMER NO: 7354150

FOREIGN FILINGS

NAME: INFORMED MEDICAL DECISIONS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

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.

1. INFORMED MEDICAL DECISIONS, 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. Delaware

3. 26-1327289

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

(FEI number, if applicable)

4. June 21, 2013

5. Perpetual

(Date of incorporation)

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

6. Upon Approval of this Application

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

(Principal office address)

360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

(Current mailing address)

8. All corporate purposes which may be engaged in under the Florida Business Corporation Act

(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: F&L CORP.

Office Address: One Independent Dr., Suite 1300

Jacksonville

(City)

, Florida 32202

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David P. Nixon

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

Director: Rebecca Sutphen

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

B. OFFICERS

President: Rebecca Sutphen

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

CEO: David P. Nixon

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

Secretary: Norma J. Nixon

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

COO: Norma J. Nixon

Address: 360 Central Avenue, Suite 1230, St. Petersburg, FL 33701

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. David P. Nixon, Chief Executive Officer

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

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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 "INFORMED MEDICAL DECISIONS, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFORMED MEDICAL DECISIONS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2013.

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

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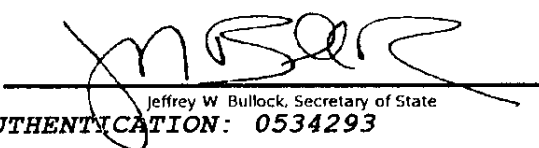
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0534293

DATE: 06-24-13