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.

(((H14000011464 3)))



H140000114643ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
-------	----------	--	--	--	--	--	--

FOREIGN PROFIT/NONPROFIT CORPORATION EDIWATCH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Ediwatch, 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:			
RENEE STHONTON Name of Person			
Name of Person	-		
Rego Elsevier			
Firm/Company	-		
1105 NORTH MARKET ST., SUITE 501			
Address	-		
WILMINGTON, DE 1980/			
City/State and Zip code	-		
renee.simonion@reipmsi.com			
E-mail address: (to be used for future annual report notification)	-		
For further information concerning this matter, please call:			
Revice SIMONTON at (302) 884 8511 Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certified Copy Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy 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.

				
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"		
		·		
(If name uneve	lable in Florida, enter alternate corporate na	ome adopted for the purpose of transacting business in Floric	ia)	
Georgia		3, 58-2513196		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/20/1999		5. Perpetual		
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
Upon Qualific				
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
1000 414	•			
TOUU AIGERMAN	Dr. Alphretta, GA 30005 (Principal office	address)		
LLOCATomb M.	• •	•		
1103 NOTE ME	rket Street, Suite 50), Wilmington, DE 198 Current mailing			
	(-417 mannig	audicasy		
70 tot 7				
Hesith care in	and solutions provider		₹	
	aud solutions provider (s) of corporation authorized in home state (or country to be carried out in state of Florida)	SEC	
(Ригрове	(s) of corporation authorized in home state (•	SECRE TALLAH	
(Purpose	(s) of corporation authorized in home state (eet address of Florida registered agent:	•	SECRETA:	
(Ригрове	(s) of corporation authorized in home state (•	ASS 7	
(Purpose Name and <u>str</u> Name:	(s) of corporation authorized in home state (eet address of Florida registered agent:	•	ASSET OF	
(Purpose Name and <u>str</u> Name:	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	(P.O. Box NOT acceptable)	ASSET OF	
(Purpose Name and <u>str</u> Name:	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation	•	ASSET OF	
(Purpose Name and <u>str</u> Name: ffice Address:	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City)	(P.O. Box <u>NOT</u> acceptable), Florida 33324	ASS 7	
(Purpose Name and <u>str</u> Name: ffice Address:	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) segent's acceptance:	(P.O. Box NOT acceptable) , Florida 33324 (Zip code)	ASSEC FLORIDA	
(Purpose Purpose Name and <u>str</u> Name: ffice Address: D. Registered laving been na	(s) of corporation authorized in home state (seat address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) segent's acceptance: med as registered agent and to accept a	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) service of process for the above stated corporation at	ASSEE FLORIDA the place	
(Purpose Name and <u>str</u> Name: ffice Address: D. Registered laving been naisignated in the orther agree to	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) segent's acceptance; med as registered agent and to accept a is application, I hereby accept the apparacomply with the provisions of all statu.	(P.O. Box NOT acceptable) , Florida 33324, (Zip code) service of process for the above stated corporation at cointment as registered agent and agree to act in this case relative to the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the performa	ASSEE FLORIDA the place trapacity.	
(Purpose Purpose Name: Name: Office Address: O. Registered laving been na esignated in the	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) segent's acceptance; med as registered agent and to accept a is application, I hereby accept the appoint	(P.O. Box NOT acceptable) , Florida 33324, (Zip code) service of process for the above stated corporation at cointment as registered agent and agree to act in this case relative to the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the performa	ASSEE FLORIDA the place trapacity.	
(Purpose Purpose Name: Name: Office Address: O. Registered laving been na esignated in the	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) segent's acceptance; med as registered agent and to accept a is application, I hereby accept the apparacomply with the provisions of all statu.	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) service of process for the above stated corporation at cointment as registered agent and agree to act in this cites relative to the proper and complete performance on so f my position as registered agent.	ASSEE FLORIDA the place trapacity.	
(Purpose Purpose Name: Name: Office Address: O. Registered laving been na esignated in the	(s) of corporation authorized in home state (set address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) Regent's acceptance: med as registered agent and to accept a is application, I hereby accept the apparacemply with the provisions of all status familiar with and accept the obligation	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) service of process for the above stated corporation at cointment as registered agent and agree to act in this cites relative to the proper and complete performance on of my position as registered agent.	ASSEE FLORIDA the place trapacity.	

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.

DIRECTORS	
nairman: SEE ATTACHMENT	
ldress:	
oe Chairman:	
idress:	
nector:	
ddress:	
rector:	
idress:	
OFFICERS	
· · · · COD ATTACUNITAT	
Idress:	
ddress: de President:	
dress:ee President:	
dress:ee President:	TALLAH SSS
dress:	TALLAHASSE FL
dress:	TALLAH, SSEE ALOR
dress:	TALLAHASSEE FLOHIO
ice President:	TALLAHASSE FLORID
dress: de President: dress: dress: dress: ddress:	ALLAH SSEE ALCHIDA
dress: dress: dress: dress: dress: dress: CTE: If necessary, you may attach an addendum to the appli	PECKET AND SHE RECEILOR
ddress: ddress: ddress: ddress: ddress: ddress: DTE: If necessary, you may attach an addendum to the applications of Directions of Direc	lication listing additional officers and/or directors.
ice President: ddress: ceretary: ddress: casurer: ddress: OTE: If necessary, you may attach an addendum to the appli	lication listing additional officers and/or directors. tor or Officer d in number 12 above) affirms that the facts stated herein

Director and Officers Report - Work Address EDIWatch, Inc.

Company Name		
EDIWatch, Inc.		
Appointments		
Name	Appointed as	Work address
Kenneth E. Fogarty	Director	255 Washington Street, Third Floor, Suite 350, Newton MA 02458, United States
Julie A. Goldweitz	Oirector	126 Park Avenue, 23rd Floor, New York NY 10017, United States
Mark V. Kelsey	Director	1000 Alderman Drive, Alpherette GA 30005, United States
Meredith L. Sidewater	Director	1000 Alderman Drive, Alpharetta GA 30005, United States
Kanneth R. Thompson, II	Director	9443 Springboro Pike, Miamisburg OH 45342, United States
Mark.V. Kelsey	President	1000 Alderman Drive, Alpharetta GA 30005, United States
Renee Simonton	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Kenneth E. Fogarty	Vice President-Financial Services	255 Washington Street, Third Floor, Suite 350, Newton MA 02458, United States
Peter F. Dangola	Vice President-Tax	255 Washington Street, Third Floor, Suite 350, Newton MA 02458, United States
Meredith L. Sidewater	Secretary	1000 Alderman Drive, Alpheretta GA 30005, United States
Kenneth E. Fogsity	Treasurer	255 Washington Street, Third Floor, Suite 350, Newton MA 02458, United States
Renee Simonton	Assistant Secretary	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter F. Dangola	Assistant Treasurer	285 Washington Street, Third Floor, Suite 350, Nawton MA 02458, United States
Mary Ann Horgan	Assistant Treasurer	255 Washington Street, Suite 350, Newton, MA, 02458, US

SECRETARY OF STATE

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER DATE INC/AUTH/FILED : December 20, 1999

JURISDICTION

: Georgia PRINT DATE : January 14, 2014

: K953528

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> EDIWATCH, INC. A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in evistance or is suthorized to temporal business in this