

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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**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) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
MEDECISION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$3,128.75

\*\*\*PLEASE PROVIDE THE  
ORIGINAL SUBMISSION  
DATE OF 12/23/2020.  
THANK YOU!

850-617-6381

12/28/2020 4:46:54 PM PAGE 1/001 Fax Server



December 28, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES INC

SUBJECT: MEDECISION, INC.  
REF: W20000146287

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.

Listing just officers isn't acceptable. Also, due to overpayment, please adjust coversheet to show \$2628.75 for penalty fee.

Please return 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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

FAX Aud. #: H20000437908  
Letter Number: 720A00026147

DocuSign Envelope ID: 65F2EFC4-CAD6-455D-BFB5-DCA9940DC246

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** Medecision, 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:

Capitol Services – Corporate Filings Team	Name of Person
515 East Park Avenue 2nd Fl	Firm/Company
Tallahassee, FL 32301	Address
regagent@capitol-services.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Name of Person	at ( 855 ) - 5500	Daytime Telephone Number
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**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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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. MEDecision, 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. Pennsylvania

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

3.

(FBI number, if applicable)

4. 10/28/1988

(Date of incorporation)

5.

perpetual

(Date of duration, if other than perpetual)

6. March 1, 2003

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

7. 500 N. Akard Street, Suite 1400

(Principal office street address)

Dallas, TX 75201

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee

(City)

, Florida 32301

(Zip code)

9. 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.*



Krista Abair, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**

☐ Chairman Name: See attached.

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

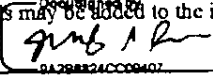
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Jennifer Ponski, Chief Administrative Officer  
(Typed or printed name and capacity of person signing application)

**Medecision, Inc.**

**As of 12.10.2020**

**Medecision, Inc.  
500 North Akard Street  
Suite 1400  
Dallas, TX 75201**

**Medecision Officers**

Deborah M. Gage	President & Chief Executive Officer	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Ellen Donahue-Dalton	Executive Vice President & Chief Marketing & Customer Experience Officer	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Jennifer S. Ponski	Executive Vice President & Chief Administrative Officer	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Chris LaVictoire Mahai	President, Aveus, Executive Vice President, People Resources	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Nathan Linsley	Treasurer	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Tom Lubben	Compliance Officer	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Arlene K. Lim	Secretary	500 North Akard Street, Ste. 1400 Dallas, TX 75201

**Medecision Board of Directors**

Nathan Linsley, Chair	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Deborah M. Gage	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Paul B. Handel, M.D.	500 North Akard Street, Ste. 1400 Dallas, TX 75201
Catherin Nelson	500 North Akard Street, Ste. 1400 Dallas, TX 75201

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

12/23/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MEDecision, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, this day and year above written

*Katlynn Bookman*

Secretary of the Commonwealth

Certification Number: TSC201223090339-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>