F23000002928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. SOLOMON

MAY 18 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Information Technology, 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:

Shannon M. Connell
Name of Person

Medical Information Technology, Inc.
Firm/Company

7 Blue Hill River Road
Address

Canton, MA 02021
City/State and Zip code

sconnell@meditech.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Shannon M. Connell at (781) 774-3611
Name of Person — Area Code — Daytime Telephone Number

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**

- ☒ $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. Medical Information Technology, 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. Massachusetts
(State or country under the law of which it is incorporated)

3. 04-2455639
(FEI number, if applicable)

4. June 20, 1969
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6. January 1, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7 Blue Hill River Road, Canton, MA 02021
(Principal office **street** address)

(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL 33324
(City) (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.

C T Corporation System
By: Jennifer L Mincer — Jennifer Mincer / Assistant Secretary
(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]:

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. Shannon M. Connell
(Typed or printed name and capacity of person signing application)

OFFICERS

HOWARD MESSING
VICE CHAIRMAN AND CEO EMERITUS
MEDITECH CIRCLE
WESTWOOD, MA 02090

MICHELLE I. O'CONNOR
PRESIDENT AND CHIEF EXECUTIVE OFFICER
MEDITECH CIRCLE
WESTWOOD, MA 02090

BARBARA A. MANZOLILLO
TREASURER & CHIEF FINANCIAL OFFICER
MEDITECH CIRCLE
WESTWOOD, MA 02090

HELEN WATERS
EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER
MEDITECH CIRCLE
WESTWOOD, MA 02090

JAMES W. MERLIN
CHIEF BUSINESS DEVELOPMENT OFFICER
MEDITECH CIRCLE
WESTWOOD, MA 02090

LEAH L. FARINA
VICE PRESIDENT
MEDITECH CIRCLE
WESTWOOD, MA 02090

SCOTT M. RADNER
VICE PRESIDENT
MEDITECH CIRCLE
WESTWOOD, MA 02090

GEOFFREY W. SMITH
VICE PRESIDENT
MEDITECH CIRCLE
WESTWOOD, MA 02090

CAROL LABADINI
VICE PRESIDENT
MEDITECH CIRCLE
WESTWOOD, MA 02090

SHANNON M. CONNELL
CHIEF GOVERNANCE OFFICER, GENERAL COUNSEL, & SECRETARY
MEDITECH CIRCLE
WESTWOOD, MA 02090

DIRECTORS

A. NEIL PAPPALARDO
MEDITECH CIRCLE
WESTWOOD, MA 02090

HOWARD MESSING
MEDITECH CIRCLE
WESTWOOD, MA 02090

LAWRENCE A. POLIMENO
MEDITECH CIRCLE
WESTWOOD, MA 02090

BARBARA A. MANZOLILLO
MEDITECH CIRCLE
WESTWOOD, MA 02090

STUART N. LEFTHES
MEDITECH CIRCLE
WESTWOOD, MA 02090

EDWARD B. ROBERTS
MEDITECH CIRCLE
WESTWOOD, MA 02090

MICHELLE I. O'CONNOR
MEDITECH CIRCLE
WESTWOOD, MA 02090

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: May 01, 2023

To Whom It May Concern :

I hereby certify that,

MEDICAL INFORMATION TECHNOLOGY, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 20, 1969.**

I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23040801770

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: bod

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2023

SHANNON M CONNELL
7 BLUE HILL RIVER RD
CANTON, MA 02021 US

SUBJECT: MEDICAL INFORMATION TECHNOLOGY, INC.
Ref. Number: W22000095102

We have received your document for MEDICAL INFORMATION TECHNOLOGY, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 123A00009750

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2022

SHANNON M CONNELL
7 BLUE HILL RIVER RD
CANTON, MA 02021 US

SUBJECT: MEDICAL INFORMATION TECHNOLOGY, INC.
Ref. Number: W22000095102

We have received your document for MEDICAL INFORMATION TECHNOLOGY, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least $500 but not more than $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is $.

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.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 322A00016212

Kyle Brumbley Supervisor
850-245-6908