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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

RECEIVED 1/20/95
-01/19/95--01086--0004
*****20.00 *****20.00

SUBJECT: MEDSTAT CONSULTING, 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", 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:

JONATHAN R. COURVILLE
(Name of Person)
MEDSTAT CONSULTING, INC.
(Firm/Company)
19 NE 17th STREET
(Address)
DELRAY BEACH, FL 33444
(City, State and Zip Code)

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DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

JONATHAN R. COURVILLE at (407) 274-8134
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. MEDSTAT CONSULTING, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. DELAWARE

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

3. 650542198

(FEI number, if applicable)

4. NOVEMBER 15, 1994

(Date of incorporation)

5. PERPETUAL

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

6. UPON QUALIFICATION

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P.O. BOX 59 DELRAY BEACH, FLORIDA 33447 OR

19 N.E. 17th STREET DELRAY BEACH, FLORIDA 33444

(Current mailing address)

8. ELECTRONIC MEDICAL CLAIMS PROCESSING

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: JONATHAN R COURVILLE

Office Address: 19 N.E. 17th STREET

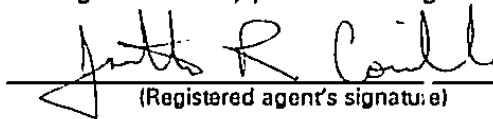
DELRAY BEACH

, Florida, 33444

(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: JENNIFER STONE COURVILLE

Address: 19 N.E. 17th STREET

DELRAY BEACH, FLORIDA 33444

Vice Chairman: JONATHAN RYAN COURVILLE

Address: 19 N.E. 17th STREET

DELRAY BEACH, FLORIDA 33444

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JENNIFER STONE COURVILLE

Address: 19 N.E. 17th STREET

DELRAY BEACH, FLORIDA 33444

Vice President: JONATHAN RYAN COURVILLE

Address: 19 N.E. 17th STREET

DELRAY BEACH, FLORIDA 33444

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jonathan R. Courville

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JONATHAN R. COURVILLE VICE CHAIRMAN

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

State of Delaware
Office of the Secretary of State

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Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: