F95000003579

TRANSMITTAL LETTER



TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

409 E. Gaines St.

Tallahassee, FL 32399

	90000000000000000000000000000000000000	1578 -002 *70.00
	12434	
SUBJECT: Achtovo Healthcare Inform (Name of corporation -	ntion Systems Corp.	
Dear Sir or Madam:		
The enclosed "Application by Foreign Carlorida", "Certificate of Existence", and foreign corporation to transact business in	orporation for Authorization to Transact Busines check are submitted to register the above referen Florida.	ss in nced
Please return all correspondence concernir	g this matter to the following:	
Rita A. Wrobel (Name of Perso Health Quest G (Firm/Company 315 W. Jeffers (Address) South Bend. IN (City, State and Zip C	on Blvd	•
Should you need to call someone concerni	ng this matter, please call:	-
Rita A. Wrobel at ((Name of Person)	219) 236 - 4000 . SS WS	SECRETARY OF STA
COURIER ADDRESS:	MAILING ADDRESS:	יר יי
Qualification/Tax Lien Sec.	Qualification/Tax Lien Sec.	

P. O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

July 3, 1995

Sandra B. Mortham Secretary of State

RITA A. WROBEL 315 W. JEFFERSON BLVD. ACHIEVE HEALTHCARE INFORMATION SYSTEMS SOUTH BEND, IN 46601

SUBJECT: ACHIEVE HEALTHCARE INFORMATION SYSTEMS CORP.

Ref. Number: W95000013404

We have received your document for ACHIEVE HEALTHCARE INFORMATION SYSTEMS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$700.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 095A00032288

HEALTH QUEST.



GROUP

July 12, 1995

315 West Jofferson Boulevard South Bend, Indiana 46001-1500 Business: 219-236-4000 Fax: 219-232-5123

Michael Mays
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Achieve Healthcare Information Systems Corp., Ref. No.: W95000013404

Dear Mr. Mays:

We are in receipt of your letter of July 3, 1995 notifying us of annual report and penalty fees due your office in the amount of \$700.00.

Achieve is incorporated in the State of Minnesota. It is involved in the development of computer software and information systems for nursing homes and other health care providers. We do not maintain any office building in the state of Florida for business purposes. According to Florida Statute 607.1501(2)(f), we should be exempt from any penalties. This section indicates that orders requiring acceptance outside the State of Florida before they become contracts does not constitute transacting business. All orders do require acceptance outside the state of Florida. The reason we are applying for authorization to transact business in Florida is for tax purposes only. Also, we do not believe we did any business in Florida in 1994. Therefore, we feel we should not be required to pay any penalties.

With this letter, I am returning our paperwork for filing our application for certification to do business in the State of Florida. Please have paperwork file-marked and return a file-marked copy to me in the self-addressed envelope enclosed for that purpose.

If you have any questions, or wish to respond to this letter, please either contact me at the phone number listed above, or you may contact me by mail at the address above.

Thanks for your consideration in this matter.

A. Wrobel

Sincerely,

Rita A. Wrobel

Legal Department

c:\mnys.ltr



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 17, 1995

RITA A. WROBEL 315 W. JEFFERSON BLVD. SOUTH BEND, IN 46601

SUBJECT: ACHIEVE HEALTHCARE INFORMATION SYSTEMS CORP.

Ref. Number: W95000013404

We have received your document for ACHIEVE HEALTHCARE INFORMATION SYSTEMS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I recieved your letter considering the exemptions of Florida Satutes 607. 1501(2)(F), and it appears your are exempt. The reason the document is being returned is a sworn affidavit would need to be completed; so therfore I have enclosed one for your convenience.

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 (904) 487-6097.

Letter Number: 295A00034063

Michael Mays Document Specialist

AFŢĪDAYIT

On this day personally appeared before me, the undersigned officer duly authorized to administer onths a	nd
take acknowledgements Charles M. Loeser (Officer name)	
who after having first been duly sworn, upon oath deposes and says as follows:	
I. Juny Secretary of Achieve Healthcare Information Systems (capacity) (corporation name)	_Corp.
a corporation organized under the laws of Minnesota (state/country)	
2. The "Application by Foreign Corporation for Authorization to Transact Business in Florida	u ,
submitted to the Florida Department of State, contained erroneous information.	
3. Achieve Healthcare Information Systems Corp has not transacted business in (corporation name)	
the State of Florida. The date of 1994, as stated in section six (6) of i	ts
application is erroneous. The previous activities conducted within the State of Florida by	
said corporation did not constitute the transaction of business pursuant to section 607.1501 Florida Statutes.	' 뭐.
4. The correct date the corporation shall begin conducting its affairs in Florida shall be upon qualification by the Florida Department of State.	
Charle Tufan	OF STA
On this 19 day of	TIONS -
who is personally known to me whose identity I proved on the basis of	
	_ ,
My Commission Expires: 7/8/99 My Commission Expires: 7/8/99 Notary Public Signature	_
Rita A. Wrobel	
Notary's Printed Name	_

Seal

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:

Achteve Healthcare T (Name of corporation: must in abbreviations of like Import in or partnership if not so contain	n Eormation Systems nalude the word INCORI language as will clearly i land in the name at prese	Corp. PORATED*, Indicate the Int.)	*COMPANY*,*COR titis a corporation	PORATION Instant of	l [#] or word a natural p	s or person	
2. Minnesota (State or country under the law	w of which it is incorpora	3,	41-1773490 FEI number, If app	licable)	<u> </u>		
4. 3/4/94 (Date of Incorporation)	5,	Ouration: Yo	Perpetual ar corp. Will cease	to exist or	'porpetual	(')	
8. To develop computer : (Purpose(s) of corporation 9. Name and street add	uilding, 5501 Green 5437 Current mailing address) software and informathorized in home state	mation sy	Drive, Suite : stems for nurs to be carried out in	200	95 JUL 25 和唐帝6 8 FF	ENVISION OF THE PROPERTY OF SECURE AND THE PROPERTY OF THE PRO	ealth provi
Office Address: _	1200 Pine Island	Road					
_	Plantation		, Florida	33	124		
				(Zi)	, Co(8)		
10. Registered agent's							
Having been named as re corporation at the place or registered agent and agree of all statutes relative to the with and accept the obligation.	designated in this ap e to act in this capac he proper and compl	oplication ity. I furth lete perfor as registe	e, I hereby acce, her agree to con mance of my d hred agent.	pt the ap aply with	ppointm the prov	ent as isions	

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.

12. Names and addresses of officers and/or directors: (See attached list.)	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Address.	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
The standing additional offices	
NOTE: If necessary, you may attach an addendum to the application listing additional officer and/or directors.	J
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
(Signature of Chairman, vice Chairman, or any onition account to the chairman, vice Chairman, or any onition account to the chairman of the ch	

Charles M. Loeser, Secretary
(Typed or printed name and capacity of person signing application)

14.

YEAR: 1995

		01110000		
SHAREHOLDER	TITLE	SHARES OF STOCK	SOCIAL SECURITY NUMBER	
Lawrence H. Garatoni 315 W. Jefferson Boulevard South Bend, IN 46601	Chlof Exocutive Officer Director President	6585	309-36-4918	
Joseph D. Mooney 7625 Parklawn Avenue Minnoapolis, MN 55435	None	1940	142-28-3964	
Richard B. Brozo 7625 Parklawn Avenue Minneapolis, MN 55435	None	620	136-38-3166	
Anthony Wright 315 W. Jefferson Boulevard South Bend, IN 46601	Director .	175	457-90-0749	
Charles M. Loeser 315 W. Jefferson Boulevard South Bend, IN 46601	Secretary	90	213-62-1202	
Mary M. Hunt 315 W. Jefferson Boulevard South Bend, IN 46601	Treasurer	90	372-70-9450	

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

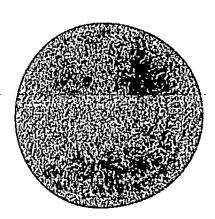
Name: Achieve Healthcare Information Systems Corp.

Date Formed: 03/04/1994

Chapter Governed By: 302A

This certificate has been issued on 06/20/95.

SECRETARY OF STATE DIVISION OF CORPORATIONS
SS JUL 25 AH IO: 56



Joan anderson Grown Secretary of State.

DI EASE DEAD	ALL ING	RUCTIONS	, recone o	OMPLET	APPRUVEL NG THIS BORM.)	
APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ENVIRON OF COMPORATIONS						
1 Corporation Name Achieve Health are I	/trxmi	ton System	ms carp	<u> </u>			
Achieve Heathcare Information Systems corp			0000019789908 -10/17/9601076006 ****375.00 ****375.00				
5501 Grim Vally Drive 315 W. Joffersen Blud SUIL 200 Bloomington, MN 55437 SOUTH Bend, IN Howal			RENSTATEMENT 24				
If above addresses are incorrect in any way, line thin 2. New Principal Office Address, If Applicable	3 New Mail	ng Ackfress, If Applic	correction below able	4 Date Incorporated or Qualified To Do Business in Florids 7125 195			
Suite, Apt #, etc	Sudo, Apt 7.	иjc		6 FEI Number		Applied For	
City & State	City & State			0	713490	Not Applicable	
Zip Country	Zip	Counti		<u> </u>		e Contribuate of Mintes	
7 Names and Street Addresses of Each Officer and/ Name of Officers Title(s) anxi/or Directors 1	ur Director (Fle	Str	real Address of Each free and/or Director se Post Office Box N		City / State	/ Zip	
DIGO Lawrence H. Gor	atoni	315 W	Jefferson	Blyd	south Bend,	IN4(da)	
D Anthony wright 315 W Jefferson Blid south Bord, I			FN 4(dool				
5 Charles M. Loes	izen	315W	Jeffersox	1 Blvd	South Band, ?	TN 416601	
T many m. Hunt 315 W JEFFERSON Blvd South Bord, JR 466				5N 46601			
P Thomas Morri	<u>55ey</u>	5501 Cre	envalley D	rive, Scike	000 Bloomington	, MN 55/37	
D Joseph D. Mac	20eh	7625 R	nklawn a1	rnce	minn eapplish	nn 55435	
6. Name and Address of Current I	**	·	Name	9. Name and A	ddress of New Registered Ag		
CT Corporation	. Islan	d bood			k Not Accoptable)	7-10/17	
Plantation, FL	33321	1	Suite, Apt. #, Etc.		State	Zip Code	
10. I, being appointed the royistered agent of the abo Signature of Registerou Agent	ve named corpo	\	nth and accept the ob	oligations of Section		96	
Does this corporation pay a Dept. of Revenue under S.	ny intang 199.032,	ible tax to th Florida Stat	ne utes. Yes [No [(See other side fi on intange		
12 I do hereby the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under each							
SIGNATURE: SIGNATURE AND TYPED OR PRI	VIED HAME OF	SIGHING OFFICER OR	DIRECTOR		9/27/9/e 210 Date Daylor	1-234-4000	

F9506003579

July 25, 1997

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Achieve Healthcare Information Systems Corporation

AHIS-Maryland, Inc.

Dear Sir/Madam:

Enclosed please find our applications of withdrawal for the two above-referenced companies. These two companies have merged into Achieve Software Corporation. A separate application for authority to do business in the state of Florida is being submitted to the division of corporations.

We would appreciate receiving a file-marked copy back.

If you have any further questions, please contact me.

Sincerely,

Rita A. Wrobel Legal Department

Enc.

rw

97 JUL 28 PH I2: 2
SECRETARY OF STATE
ALL AHASSEE FLORES

*******70.00 *****35.00

JW 6/5

Withdrawal

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Strate .

Achieve Healthcare Information Systems Corp. (Name of Corporation)
Minnesota (Incorporated Under Lawa Of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.
315 W. Jefferson Blvd. (Mailing Address)
South Bend, Indiana 46601 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Oralis Za Secretary Signature Title
Charles M. Loeser Typed or printed name Date