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F95000004732

C T CORPORATION SYSTEM
 Requestor's Name
 660 East Jefferson Street
 Address
 Tallahassee, Florida 32301
 City State Zip Phone
 904-222-1092
CORPORATION(S) NAME

900001596959
 -09/28/95--01053--016
 *****70.00 *****70.00

New Health Management Systems, Inc.

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 TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACTION 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. New Health Management Systems, 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. Pennsylvania
(State or country under the law of which it is incorporated)
3. 23-2170691
(FEI number, if applicable)
4. May 11, 1981
(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 817.156, ...))
7. 650 North Main Avenue, Suite 100, Taylor, Pennsylvania 18517
(Current mailing address)
8. See attached purpose clause
(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

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11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to
d application to the Department of State, by the Secretary of State or other official
l corporate records in the jurisdiction under the law of which it is incorporated.

1. Addresses of officers and/or directors:

A.

Chairman: see attached list of directors

Address: _____

Vice Chairman: see attached list of directors

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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Treasurer: _____

Address: _____

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

13. Ronald A. Halko
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ronald A. Halko, Vice President, Secretary and Treasurer
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Foreign Corporation for
Authorization to Transact Business in Florida

8. Purpose Clause of New Health Management Systems, Inc.

This Corporation shall have unlimited power, as a foreign corporation, to engage in and to do any lawful act concerning any or all lawful business for which corporations may be authorized to transact business in the State of Florida.

12. Names and Addresses of Officers and/or Directors:

A. DIRECTORS

Chairman: None

Vice Chairman: None

Director: Ronald A. Halko
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

Director: Andrea G. Dawkins
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

B. OFFICERS

President: Andrea G. Dawkins
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

Vice President: Ronald A. Halko
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

Secretary: Ronald A. Halko
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

Treasurer: Ronald A. Halko
401 City Avenue, Suite 315
Bala Cynwyd, PA 19004

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TALLAHASSEE, FLORIDA



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 26, 1995

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

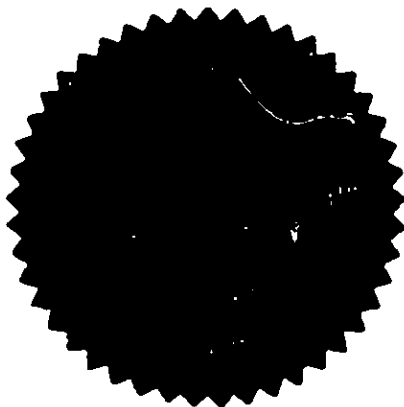
I DO HEREBY CERTIFY THAT,

NEW HEALTH MANAGEMENT SYSTEMS, INC.

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

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TALLAHASSEE, FLORIDA

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

Secretary of the Commonwealth

SWAL

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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

500001627415

-11/03/95--01031--013

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TALLAHASSEE, FLORIDA

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W.P. Verifier

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J. N. [Signature]

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

New Health Management Systems, Inc.

(Name of Corporation)

Pennsylvania

(Incorporated Under Laws Of)

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TALLAHASSEE FLORIDA

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.

650 North Main Street, Suite 100

(Mailing Address)

Taylor, Pennsylvania 18517

(City - State - Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Andrea G. Dawkins

Signature

10/15/95

Date

Andrea G. Dawkins

Typed or printed name

President

Title