

F95000005608

TRANSMITTAL LETTER

~~CONFIDENTIAL~~

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

SUBJECT: AHIS-Maryland, 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:

Rita A. Wrobel

(Name of Person)

AHIS-Maryland, Inc.

(Firm/Company)

315 W. Jefferson Blvd.

(Address)

South Bend, IN 46601

(City, State and Zip Code)

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-11/15/95--01137--004
*****70.00 *****70.00

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

Rita A. Wrobel

(Name of person)

at (219) 236 - 4000

Area Code & Daytime Telephone Number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 AM 9:33

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
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. AHIS-Maryland, 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. Indiana

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

3. 35-1957182

(FEI number, if applicable)

4. June 29, 1995

(Date of incorporation)

5. Perpetual

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

6. June 29, 1995

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

7. 315 W. Jefferson Blvd.

South Bend, IN 46601

(Current mailing address)

8. Sales and service of computer software and informaton systems for nursing homes and other
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida, health care providers)

9. **Name and street address of Florida registered agent:**

Name: Thomas Kelly

Office Address: 7979 S. Tamiami Trail

Sarasota

, Florida , 34231

(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.

Thomas Kelly

(Registered agent's signature)

Thomas Kelly

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: (See attached listing.)

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (See attached listing.)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Charles M. Loeser
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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AHIS-MARYLAND, INC.**YEAR: 1995**

<u>SHAREHOLDER</u>	<u>TITLE</u>	<u>SHARES OF STOCK</u>	<u>SOCIAL SECURITY NUMBER</u>
Lawrence H. Garatoni 315 W. Jefferson Blvd. South Bend, IN 46601	Chief Executive Officer Director President	9,500	309-36-4918
Anthony Wright 315 W. Jeffersosn Blvd. South Bend, IN 46601	Director	250	457-90-0749
Charles M. Loeser 315 W. Jefferson Blvd. South Bend, IN 46601	Secretary Director	125	213-62-1202
Mary M. Hunt 315 W. Jefferson Blvd. South Bend, IN 46601	Treasurer Director	125	372-70-9450

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

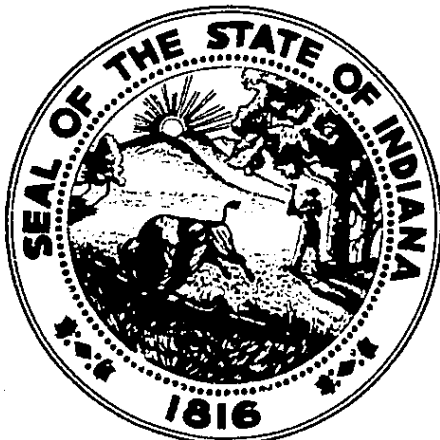
AHIS-MARYLAND, INC.

filed Articles of Incorporation on June 29, 1995, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

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DIVISION OF CORPORATIONS
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In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-seventh day of October, 1995.



Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

[Signature]
Deputy

F9500005608

Achieve

Healthcare Information Systems

315 W. Jefferson Blvd.,
South Bend, IN 46601

City/State/Zip

Phone #

400002249214--0

-07/28/97--01100--017

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

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

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

AHIS-Maryland, Inc.
(Name of Corporation)

Indiana
(Incorporated Under Laws Of)

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SECRETARY OF STATE
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.

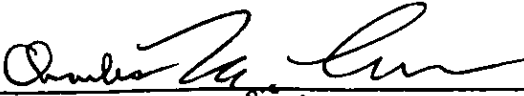
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

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.

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.

<u></u>	<u>Secretary</u>
Signature	Title
<u>Charles M. Loeser</u>	<u>7-25-97</u>
Typed or printed name	Date