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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB - 2 AM 8:33

SUBJECT: HEALTH DATA, 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:

TY GIBSON, Ph.D.
(Name of Person)
HEALTH DATA, INC.
(Firm/Company)
650 N. COLLEGE ST.
(Address)
AUBURN, ALABAMA 36830-3014
(City, State and Zip Code)

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

TY GIBSON, Ph.D. at (334) 821-0947
(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
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. HEALTH DATA 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. ALABAMA 3. 63-1047498
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-15-90 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 650 N. COLLEGE ST.
AUBURN, ALABAMA 36830-3014
(Current mailing address)

8. DOCUMENT IMAGING; DATA ENTRY;
(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: MARK CLARK

Office Address: 4117 LUFF ST.

PANAMA CITY BEACH, Florida, 32408
(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.

X Mark Clark
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: TY GIBSON, Ph.D.

Address: 157 CARY DRIVE
AUBURN, ALABAMA 36830

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: TY GIBSON, Ph.D.

Address: 157 CARY DRIVE
AUBURN, ALABAMA 36830

Vice President: _____

Address: _____

Secretary: JUDITH S. GIBSON

Address: 157 CARY DRIVE
AUBURN, ALABAMA 36830

Treasurer: JUDITH S. GIBSON

Address: 157 CARY DRIVE, AUBURN, ALABAMA 36830

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

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

14. J. TYRONE GIBSON, Ph.D.

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

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Health Data, Inc. incorporated in Lee County, Auburn, Alabama on February 15, 1990. I further certify that the records do not disclose that said Health Data, Inc. has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 25, 1996

Date

Jim Bennett

Jim Bennett

Secretary of State