

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 MAR 14 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197000001355

**1. Corporation Name**

Computerized Medical Systems, Inc.

**2. Principal Office Address**

1145 Corporate Lake Drive

Suite, Apt. #, etc.

City & State

St. Louis, Missouri

Zip

63132

Country

U.S.A.

**3. Mailing Office Address**

1145 Corporate Lake Drive

Suite, Apt. #, etc.

City & State

St. Louis, Missouri

Zip

63132

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03-21-1997

**5. FEI Number**

94-3262540

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C.T. Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Please See Attached

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>Andrew C. Cowen</u>	<u>8025 Barhamme Avenue Unit 1009</u>	<u>Clayton, MO 63105</u>
<u>ST</u>	<u>Timothy J. Mortenson</u>	<u>16423 Wilson Creek Court</u>	<u>Chesterfield, MO 63005</u>
<u>SD</u>	<u>Stephen A. Bansak</u>	<u>24,200 North Alma School Road</u>	<u>Scottsdale, AZ 85255</u>
<u>D</u>	<u>George W. Carmany</u>	<u>One Boston Place, Suite 1650</u>	<u>Boston, MA 02108</u>
<u>V</u>	<u>David Reissig</u>	<u>639 Newport Avenue</u>	<u>St. Louis, MO 63119</u>

**10. 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 filing 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Mortenson 3/3/05

Date

Daytime Phone #

314 812 4303

CR2E081 (01/05)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


RE: Computerized Medical Systems, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation, C T Corporation System, 1200 South Pine Island Road, Plantation, Fla. 33324, hereby accepts the appointment as registered agent and agrees to act in this capacity. C T Corporation System further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the required duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: March 3, 2005

C T CORPORATION SYSTEM

By

  
Jonathan L. Miles, Assistant Secretary