

F97000006739

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: MEDICAL REVIEW SYSTEMS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

700002377527-6  
-12/19/97--01038--002  
\*\*\*\*131.25 \*\*\*\*131.25

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:

JOHN E. DURST, M.D.

(Name of Person)

MEDICAL REVIEW SYSTEMS, INC.

(Firm/Company)

269 TENNIS COURT

(Address)

WALL, NEW JERSEY 07719

(City/State/Zip)

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97 DEC 19 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

JOHN DURST

(Name of Person)

at ( 732 )

780-2881

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**WILLIAM R. BARKER**  
**ATTORNEY AT LAW**  
20 NORTH EOLA DRIVE  
**ORLANDO, FLORIDA 32801-1695**

(407) 422-3223

FAX: ~~(407) 872-1341~~

FAX: (407) 843-9048

WILLIAM R. BARKER

December 17, 1997

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: MEDICAL REVIEW SYSTEMS, INC. - APPLICATION BY  
FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

Dear Sir/Madam:

Enclosed is the original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for the above-named corporation. Also enclosed is a check in the amount of \$131.25, representing payment of the following:

\$70.00 Registration Fee  
\$ 8.75 Certificate of Status Fee  
\$52.50 Certified Copy Fee

Please return the certificate of status and certified copy to the undersigned.

Thank you for your cooperation in this matter.

Very truly yours,

  
William R. Barker

WRB:wf

cc: Medical Review Systems, Inc.

Enclosures

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TALLAHASSEE, FLORIDA

**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. MEDICAL REVIEW 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. DELAWARE  
(State or country under the law of which it is incorporated)
3. 22-3549152  
(FEI number, if applicable)
4. 12 NOVEMBER 97  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. DECEMBER 97/JANUARY 98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155)
7. 269 TENNIS COURT  
WALL, NEW JERSEY 07719  
(Current mailing address)
8. MEDICAL AND RELATED FINANCIAL RECORD REVIEW AND ANALYSIS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
  
Name: WILLIAM BARKER  
  
Office Address: 20 NORTH EOLA DRIVE  
ORLANDO, Florida, 32801-1695  
(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.*

(Registered agent's signature)

WILLIAM R. BARKER

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: John E. Durst, M.D.

Address: 269 Tennis Court

Wall, NJ 07719

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: JOHN E. DURST, M.D.

Address: 269 TENNIS COURT

WALL, NEW JERSEY 07719

Vice President: BRUCE EAGLESON

Address: 269 TENNIS COURT

WALL, NEW JERSEY 07719

Secretary: JAMES KRUPINSKI

Address: 269 TENNIS COURT

WALL, NEW JERSEY 07719

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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

14. JOHN DURST, M.D., PRESIDENT

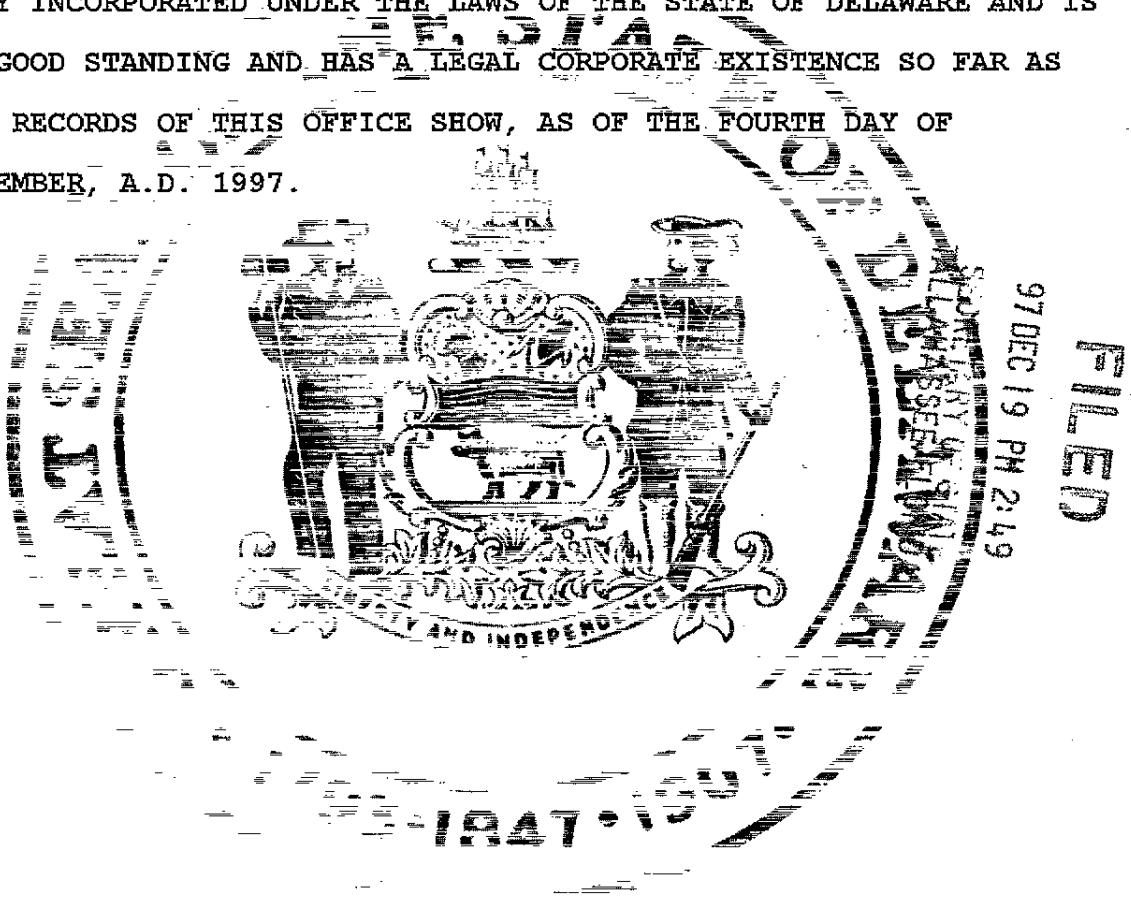
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL REVIEW SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 1997.



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FILED



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

8789552

DATE:

12-04-97