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ACCOUNT NO. : 072100000032

REFERENCE : 643202 7119690

AUTHORIZATION :

COST LIMIT :

*Patricia Pizant*  
\$ 70

ORDER DATE : December 19, 1997

ORDER TIME : 11:23 AM

ORDER NO. : 643202-030

CUSTOMER NO: 7119690

900002380919--8

CUSTOMER: Marcia K. Cox, Legal Asst  
Pediatric Services Of America  
3159 Campus Drive

Norcross, GA 30071

FOREIGN FILINGS

NAME: INSURANCE MEDICAL REPORTER,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 23 PM 2:00  
*WR 12/23*

RECEIVED  
97 DEC 23 PM 12:26  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:*

1. Insurance Medical Reporter, 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. California  
(State or country under the law of which it is incorporated)
3. 68-0297864  
(FEI number, if applicable)
4. 3/19/93  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. not currently transacting business in Florida  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 3159 Campus Drive, Norcross GA 30071  
(Current mailing address)
8. any and all lawful business including para-medical examinations for the life and health industries  
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(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.*

Corporation Service Company

By: Deborah D. Skipper, As agent  
(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.

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: Joseph D. Sansone

Address: 3159 Campus Drive  
Norcross GA 30071

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

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

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

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

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

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

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

President: Joseph D. Sansone

Address: 3159 Campus Drive  
Norcross GA 30071

Vice President: David Nabors

Address: 1801 Oakland Blvd  
Walnut Creek, CA 94595

Secretary: Stephen M. Mengert

Address: 3159 Campus Drive  
Norcross GA 30071

Treasurer: Stephen M. Mengert

Address: 3159 Campus Drive  
Norcross GA 30071

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

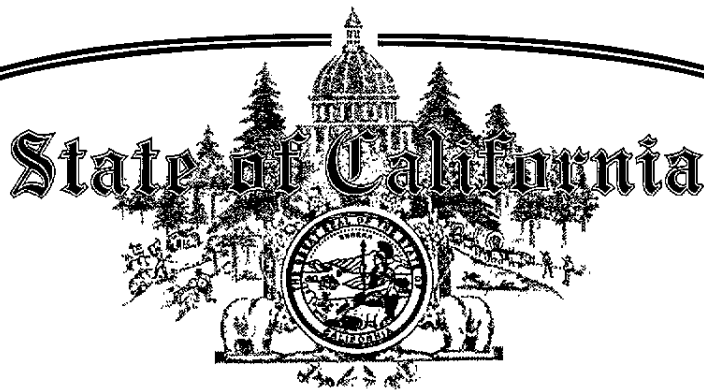
13. \_\_\_\_\_

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

14. Joseph D. Sansone, President

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 23 PM 2:00



## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 19th day of March, 19 93

INSURANCE MEDICAL REPORTER, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

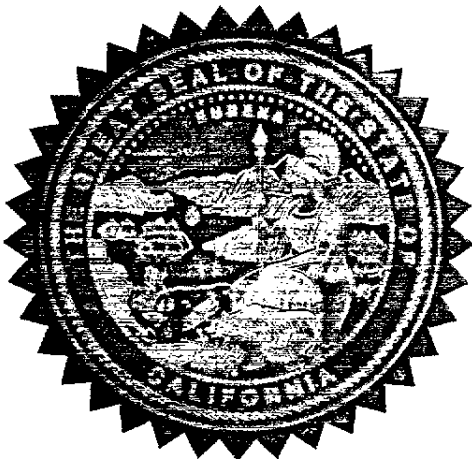
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of  
the State of California this day of  
December 22, 1997



*Bill Jones*

Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 23 PM 1:00