

**F980000000662**

**ACCOUNT FILING COVER SHEET**

ACCOUNT NUMBER: FCA000000015

REFERENCE:  
(Sub Account) \_\_\_\_\_

DATE: 2/4/98

REQUESTOR NAME: FLORIDA FILING & SEARCH SERVICES  
P.O. Box 10662

ADDRESS: Tally FL 32302

TELEPHONE: (\_\_\_\_) (668 - 4318) ext (\_\_\_\_)

CONTACT NAME: Paul D. Hedge

CORPORATION NAME: MEDDISCERN INC \*

DOCUMENT NUMBER:  
(if applicable) \_\_\_\_\_

AUTHORIZATION: P.D. Hedge

☒ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

(☒) Call When Ready      (☐) Call if Problem      (☐) After 4:30  
(☒) Walk In                      (☐) Will Wait                      (☐) Pick Up  
(☐) Mail Out

\* Application by foreign Corp  
also need Certified Copies

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -4 PM 1:4

RECEIVED  
98 FEB -4 PM 1:07  
DIVISION OF CORPORATION

mtm  
2/4

**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. MEDDISCERN INC.**

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviates 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. 75-2736176**

(FEI number, if applicable)

**4. December 5, 1997**

(Date of Incorporation)

**5. Perpetual**

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

**6. January 1, 1998**

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.

**7. 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080**

(Current mailing address)

**8. Any lawful act or activity**

(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 acceptable)**

Name: Sherry A. Falls

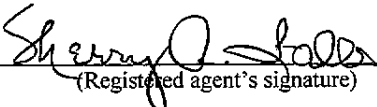
Office Address: 3104 Sawgrass Village Circle

Ponte Vedra Beach, Florida, 32082

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process of 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)

- 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 incorporate.

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: Jack L. Falls, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Vice Chairman: NA

Address: NA

Director: Charles H. Armstrong, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Director: Walter Smithwick III, M.D.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

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

President: Jack L. Falls, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Vice President: Walter Smithwick III, M.D.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Secretary: Charles H. Armstrong, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

Treasurer: Charles H. Armstrong, Jr.

Address: 3104 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32080

**NOTE:** If necessary, you may attached 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. Jack, L. Falls, Jr., Chairman of the Board and President  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -4 PM 1:41

*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 "MEDDISCERN 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 THIRD DAY OF FEBRUARY, A.D. 1998.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -4 PM 1:41



2829262 8300  
981042863

  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8899860

02-03-98