F98000001568

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Limited Partnership

Reinstatement

Trademark

Fictitious Name

Name Reservation

800002461988--6 -03/19/98--01049--018 ****122 50 *****122 50

Evaminar's Initials

(Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Certificate of Status Will wait Photocopy **NEW FILINGS AMENDMENTS** Amendment Profi£? Resignation of R.A., Officer/Director NonProfit a Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign

APPLICATION BY FOREIGN CORPORATION FOR APPLICATION 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.	CDS Health	Management Inc.							
	(Name of Corporation: the word "INCORPORATED", "COMPANY," or								
	"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 of cou								
3.	July 18, 199	<u>7</u>	4.	Perpetual					
	(Date of Inc	orporation)		(Duration)					
5.	N/A								
	(Federal Em								
б.	Upon filing								
	(Date first tr	9	₹						
	817.155, F.S	98 MAR 19	<u> </u>						
					₽	- 2			
7.	2373 Horese	2373 Horeseshoe Drive South, Naples Florida 34104							
	(Current ma		- 25						
	,				AM II: 40	, S			
8.	Process Blue Cross and Blue Shield claims on behalf of parent company								
	(Brief description of the nature of the business in which it is engaged in the State								
	of Florida)	Õ	₹.						
_	X*	addresses of officers a	<i>1:_</i> _ _1: _			S			
9.	Names and a	ecoresses of officers a	mid/or dir	ectors.					
***************************************	<u>IRECTORS</u>								
Chair	man:	Peter J. Fiscina							
Addr	ess:	c/o Certified Diab	etic Servi	ces, Inc. 2373 Horseshoe Drive South					
		Naples FL, 34104							
Vice	Chairman:								
* ***	Total States								
Addr	ess:				-	-			
NY01D	OCS/102367.01		7						

Direct	or: _			
Addre	ss: _			
B. OF Presid Secret Addre	ary ss: <u>c</u>	Peter J. Fiscina O Certified Diabetic Services, Inc. 2373 Horseshoe Drive South Naples FL, 34104		
Vice F	resident: _			
Addre	ss: _			
Treasurer:Address:			98 MAR 19	SECRETARY OF STATE
(If nee		ach an addendum to the application listing additional officers and/or	WHII: 40	LVIS 30 A
10.	NAME AND S	TREET ADDRESS OF FLORIDA REGISTERED AGENT:	ō	DNS E
	Name:	National Corporate Research, Ltd., Inc.		
	Office Address:	1406 Hays St., Suite 2		
	-	Tallahassee Florida 32301		
		Zip Code		

11. 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 may duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

Kathleen J. Hill, Asst. Sec.

12. Attached is a certificate of existence duly authenticated, not more that 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.

13. Less lle

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Peter J. Fiscina, President

(Name and capacity of person signing application)

SECRETARY OF STATE

NY01DOCS/102367.01

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 "CDS HEALTH MANAGEMENT, 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 EIGHTEENTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

8978611

981104162

2744651 8300

DATE:

03-18-98