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CT CORPORATION SYSTE  Requestor's Name  600 E. JEFFERSON  Address  TAILAHASSEE, FL 32301 (8)  City State Zip  CORPORATION	50) 222-1092 Phone	500	000263240 -09/04/9801070 *****70.00 ****	U32 **70.00
HEACTH NOTES, IN	<i>C.</i>		SECKETARY OF STALLAHASSEE FILO	
Profit () NonProfit  () Limited Liability Compan () Limited Partnership () Reinstatement  () Certified Copy  () Call When Ready Walk In () Mail Out	( ) Amendment	Withdrawal ort	() Merger () Mark () () Other () Change of R.A  () CUS  () After 4:30  Pick Up	7 9 14
Name Availability  Document Examiner  Updater  Verifier  Acknowledgment	914		FILE STAMPED  EFF BUTTERFIELD	•

### 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. es. 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.) State or country under the law of which it is incorporated) first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) 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: Office Address: 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) 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: Schuyler W. Lininger IT
Address: 1125 SE Wadison St. #209
Portland, OR. 97214
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Schuyler W. Lininger, TI.
Secretary was a Ellation of #200
Address: 125 SE MAN, SON ST. 47207 POHTANA, OR. 97214
Vice President:
Address:
Asstsecretary: Timothy J. O' Connor
Address: 1125 SE Wadison St. #209
Portland, OR 97214
Treasurer:
Address:
Titutoso.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Schuyler W. Lininger Tr. President of Company (Typed or printed name and capacity of person signing application)

#### **CERTIFICATE**

## State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### HEALTHNOTES, INC.

was

incorporated

under the Oregon

**Business Corporation Act** 

on

August 6, 1998

and is active on the records of the Corporation Division as of the date of this certificate.

98 SEP -4 PM I: 11
SECRETARY OF STATE
TALLAHASSEE FLORID



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

PHIL KEISLING, Secretary of State

Rv

Heather S. Davis

August 20, 1998