

F98000005200

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Icthus Co., Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

900002632679--4
-09/04/98--01109--001
*****70.00 *****70.00

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:

Paul D. Steinke
(Name of Person)
Icthus Co., Inc.
(Firm/Company)
14 Stumpfield Road
(Address)
Pensacola, FL 32503
(City/State/Zip)

W98-20338

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

Karen McCurley, LEA at (850) 494-2087
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

STREET 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

Conflict
725597



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 8, 1998

PAUL D. STEINKE
ICHTUS CO., INC.
14 STUMPFIELD RD.
PENSACOLA, FL 32503

SUBJECT: ICTHUS CO., INC.
Ref. Number: W98000020338

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DIVISION OF CORPORATIONS

We have received your document for ICTHUS CO., INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 498A00045545

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

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I, the undersigned PAUL D. STEINKE, do hereby certify
(Name)

that this Resolution of the Board of Directors of ICTHUS CO., INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware,

was duly adopted on September 14th, 19 98.

Be it resolved, that ICTHUS CO., INC.,
(Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name

Electronic Medical Claims of Florida, Inc. for use in Florida.

Dated: 9/14/98

Paul D. Steinke

Signature of either Chairman, Vice Chairman or any officer

PAUL D. STEINKE

Type or print name

**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. Icthus Co., 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 3. 59-3512353
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/13/93 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 14 Stumpfield Road Pensacola, FL 32503
(Current mailing address)
8. Medical Claims Processing
(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: Paul D. Steinke
- Office Address: 14 Stumpfield Rd
Pensacola, Florida, 32503
(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.

Paul D. Steinke

(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.

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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: Paul D. Steinke

Address: 14 Stumpfield Road
Pensacola, FL 32503

Vice Chairman: Christine M. Steinke

Address: 14 Stumpfield Road
Pensacola, FL 32503

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Paul D. Steinke

Address: 14 Stumpfield Road
Pensacola, FL 32503

Vice President: Christine M. Steinke

Address: 14 Stumpfield Road
Pensacola, FL 32503

Secretary: Christine M. Steinke

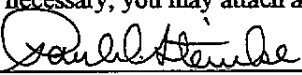
Address: 14 Stumpfield Road
Pensacola, FL 32503

Treasurer: Christine M. Steinke

Address: 14 Stumpfield Road
Pensacola, FL 32503

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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. Paul D. Steinke
(Typed or printed name and capacity of person signing application)

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 "ICHTHUS CO., 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 1998.

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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

2897060 8300

DATE: 9274185

981332335

08-27-98