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CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1998

C T CORPORATION SYSTEM

SUBJECT: PARKSTONE MEDICAL INFORMATION SYSTEMS, INC.

Ref. Number: W98000029204

We have received your document for PARKSTONE MEDICAL INFORMATION SYSTEMS, 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:

Their cannot be two corporations with the exact same even though it is the same company. You would have to adopt an alternate name or withdraw the current company and file the foreign one.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 498A00061015

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Parkstone Medical Information Systems, 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. Applied For
2. Delaware (State or country under the law of which it is incorporated) 3. Applied For (FEI number, if applicable)
4. October 15, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetualt")
6. October 16, 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)
7. Nob Hill Pavilion, 1836 N. Nob Hill Road, Plantation, FL 33322
S ALS
(Current mailing address) To provide physicians with a hand-held solution to prescribe and track medication and stay within insurance formulary and manage referrals and tests. (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: C T CORPORATION SYSTEM
Office Address: 1200 South Pine Island Road
Plantation , Florida, 33324 (Zip code)
10. Registered agent 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 obligation of my position as registered agent.
C T CORPORATION SYSTEM PAIRLIA a. Canaru
(Registered agent's signature) PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY

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) DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: _ Address: _____ Vice Chairman: ____ Address: _ Glenn M. Parker Director:_ 169 Dockside Circle, Weston, Florida 33327 Address:_ Lewis P. Stone Director: 6618 NW. 103 Lane, Parkland, Florida 33076 Address: . OFFICERS (Street address only - P.O. Box NOT acceptable) President Lewis P. Stone Address: 6618 NW. 103 Lane, Parkland, Florida 33076 Vice President: Address: Glenn M. Parker Secretary: 169 Dockside Circle, Weston, Florida 33327 Address: Treasurer: Lewis P. Stone Address: 6618 NW. 103 lane, Parkland, Florida 33076 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) Lewis P. Stone, President (Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARKSTONE MEDICAL INFORMATION SYSTEMS, 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-NINTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

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AUTHENTICATION:

9492875

DATE:

12-29-98

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