

# F990000000180

**BOYAR, SIMON & MILLER**

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

4265 SAN FELIPE, SUITE 1200

HOUSTON, TEXAS 77027

(713) 850-7766

FAX (713) 552-1758

December 29, 1998

Via Federal Express

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

000002726690--7  
-12/30/98--01073--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Our Reference No. 1756-14; AVRI Health Care Information Services, Inc.

Dear Sir or Madam:

Enclosed please find two (2) originals of the Application By Foreign Corporation for Authorization to Transact Business in Florida (the "Application") to be filed with the Florida Secretary of State **on an expedited basis**. Enclosed please find our firm check in the amount of \$70.00 to cover the costs associated with filing the Application.

Evidence of filing should be sent to me by overnight delivery service, if possible. For your convenience, we have enclosed a self-addressed, pre-printed Federal Express slip for returning the documents to our office. If overnight delivery is not possible, enclosed please find a self-addressed, stamped envelope to be used to return the Application to us.

Please give me a call after you have received this letter to ask any questions. Thank you for your assistance.

Very truly yours,

**BOYAR, SIMON & MILLER**

*Bill L. Manning*

Bill L. Manning

*WKS 27288*

Enclosure

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 12 PM 12:04  
# 11/2



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 31, 1998

BILL L. MANNING  
BOYAR, SIMON & MILLER  
4265 SAN FELIPE, SUITE 1200  
HOUSTON, TX 77027

SUBJECT: AVRI HEALTH CARE INFORMATION SERVICES, INC.  
Ref. Number: W98000029288

We have received your document for AVRI HEALTH CARE INFORMATION SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6092.

Hart Collins  
Senior Corporate Section Administrator

Letter Number: 398A00061129

**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. AVRI Health Care Information Services, 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

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. November 16, 1998

(Date of incorporation)

5. Perpetual

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

6. December 1, 1998

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

7. 4615 Post Oak Place, Suite 111

Houston, Texas 77027

(Current mailing address)

8. Ownership and operation of medical transcription company

(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

(Registered agent's signature)

*Victor Alfano*  
Victor Alfano, Asst. Secy.

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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SECRETARY OF STATE  
DIVISION OF CORPORATION  
99 JAN 12 PM 12:04

## 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: None

Address: \_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_

Director: Timothy J. ConnollyAddress: 4615 Post Oak Place, Suite 111Houston, Texas 77027

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Robin P. RitchieAddress: 4615 Post Oak Place, Suite 111Houston, Texas 77027Vice President: William T. KennedyAddress: 4615 Post Oak Place, Suite 111Houston, Texas 77027Secretary: William T. KennedyAddress: 4615 Post Oak Place, Suite 111Houston, Texas 77027

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. W. T. Kennedy, Vice President

(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 "AVRI HEALTH CARE INFORMATION SERVICES, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 1998.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 12 PM 12:04



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

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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981439599

9407210

11-16-98