

F990000001312

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Olympic Health Management Systems Inc
(Name of corporation - must include suffix)

200002737312--3
-01/12/99--01004--004
*****70.00 *****70.00

Dear Sir or Madam:

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.

w99-747

Please return all correspondence concerning this matter to the following:

Michel VeKved
(Name of Person)

Olympic Health Management Systems
(Firm/Company)

322 N. Commercial St. Ste 300
(Address)

Bellingham WA 98225
(City/State/Zip)

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

Michel VeKved at (360) 647-9080
(Name of Person) (Area Code & Daytime Telephone Number)

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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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 12, 1999

MICHEL VEKVED
OLYMPIC HEALTH MANAGEMENT SYSTEMS
322 N. COMMERCIAL ST., STE 300
BELLINGHAM, WA 98225

SUBJECT: OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.
Ref. Number: W99000000747

We have received your document for OLYMPIC HEALTH MANAGEMENT SYSTEMS, 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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: 099A00001334

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 22, 1999

MICHEL VEKVED
OLYMPIC HEALTH MANAGEMENT SYSTEMS
322 N. COMMERCIAL ST., STE 300
BELLINGHAM, WA 98225

SUBJECT: OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.
Ref. Number: W99000000747

We have received your document for OLYMPIC HEALTH MANAGEMENT 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:

Please accept our apology for failing to mention this in our previous letter.

In accordance with Title 36, section 380, U.S. Code, we cannot accept a corporation using the word OLYMPIC or OLYMPIAD without written approval from:

U.S. OLYMPIC COMMITTEE
1750 E. Boulder St.
Attn: Legal Dept.
Colorado Springs, CO 80909
(719)578-4563.

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: 699A00003084

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Action by Written Consent
by The Board of Directors of
Olympic Health Management Systems, Inc.

Pursuant to RCW 23B.02.050 and 23B.28.210, the undersigned Directors, being all of the Directors of Olympic Health Management Systems, Inc., a Washington Corporation, acting by unanimous consent, hereby adopt the following resolution and hereby consent to the actions set forth therein:

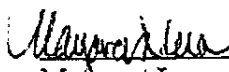
BE IT RESOLVED, that Olympic Health Management Systems, Inc., organized and existing in the State of Washington hereby adopts the name OHM Systems for use in the State of Florida for all purposes; and further resolved, that the officers of the corporation are hereby authorized and directed to take all steps that they deem necessary and appropriate to qualify the corporation and do business in the State of Florida under the name of OHM Systems; and further resolved that all activities and business of the corporation within the State of Florida shall be carried out under the name of OHM Systems, Inc.

The execution of this consent, which may be accomplished in counterparts, shall constitute a written waiver of any notice required by the Washington Business Corporations Act or this Corporation's Articles of Incorporation and/or By-Laws.

Dated this 9th day of March, 1999.


C. Paul Gauthier


Daniel M. Solberg


Margaret Lera

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**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. Olympic Health Management 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. Washington 3. 91-1500758
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/17/90 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. 322 N. Commercial St. Ste 300
Bellingham WA 98225
(Current mailing address)

8. Consulting
(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: CT Corporation
Office Address: 1200 S. Pine Island Rd
Plantation FL 33324
(Zip code)

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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: See attached listing

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached listing

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Craig A. Bodway
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Craig A. Bodway Secretary
(Typed or printed name and capacity of person signing application)

CONSENT TO SERVE AS REGISTERED AGENT

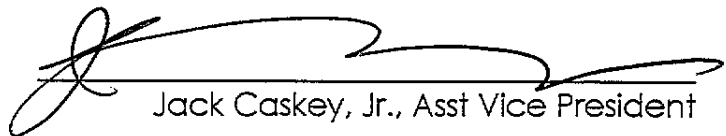
C T Corporation System, located at 1200 South Pine Island Road, Plantation, Florida 33324 does hereby consent to serve as Registered Agent for the following company:

OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.

We understand that as the agent, it will be our responsibility to receive service of process; to forward all mail; and to immediately notify the Office of the Secretary of State in the event of our resignation, or of any changes in the Registered Office address.

DATED December 21, 1998

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Jack Caskey, Jr., Asst Vice President

OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.
OFFICERS

Names and Addresses of Corporate Officers:

<u>Name:</u>	<u>Title:</u>	<u>SSN:</u>
C. Paul Gauthier 913 Racine Bellingham, WA 98225	President	001-40-0676
Daniel M. Solberg 833 Waugh Rd. Mt. Vernon, WA 98223	Chief Financial Officer	533-58-1659
Margaret Lera 912 Queen Street Bellingham, WA 98225	Chief Operating Officer	548-74-2563
Craig A. Bodway 1341 Roma Rd Bellingham, WA 98226	Corp. Counsel/Secretary	540-76-6684

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OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.
DIRECTORS

Names and Addresses of Corporate Directors:

<u>Name:</u>	<u>Title:</u>	<u>SSN:</u>
C. Paul Gauthier 913 Racine Bellingham, WA 98225	President/Director	001-40-0676
Margaret Lera 912 Queen Street Bellingham, WA 98225	Director	548-74-2563
Daniel M. Solberg 833 Waugh Rd. Mt. Vernon, WA 98223	Director	533-58-1659

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STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on October 17, 1990.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

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Date: December 17, 1998

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital


SMo
Ralph Munro, Secretary of State