

M040000000870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

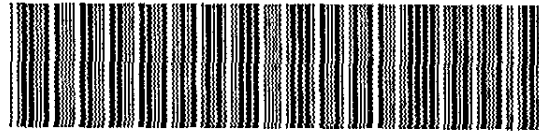
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/04--01077--014 **125.00

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CLERK OF STATE
DIVISION OF CORPORATIONS
04 FEB 23 PM 4:24

Wg.



February 12, 2004

State of Florida
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re.: **VyMed Data Services, LLC**

Dear Sir/Madam:

To register VyMed Data Services, LLC with the state of Florida, enclosed is the completed application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the original certificate of Organization from the state of Georgia, and a check in the amount of \$125.00 for the filing fees

Thank you and please call me at 770 / 650-1389 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Ward". The signature is fluid and cursive.

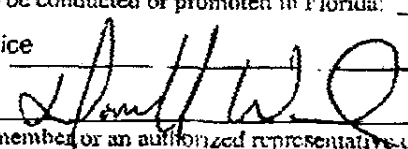
Don Ward
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. VyMed Data Services, LLC
(Name of foreign limited liability company)
2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0615412
(FID number, if applicable)
4. 1/21/2004
(Date of Organization)
5. 40 years
(Duration Year limited liability company will cease to exist or "perpetual")
6. none yet
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5081 Ortega Forest Drive
Jacksonville, FL 32210
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Donald Ward, 5081 Ortega Forest Drive, Jacksonville, FL 32210

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Data imaging and storage service


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Donald Ward

Typed or printed name of signer

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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

VyMed Data Services, LLC

2. The name and the Florida street address of the registered agent and office are:

Donald Ward

(Name)

5081 Ortega Forest Drive

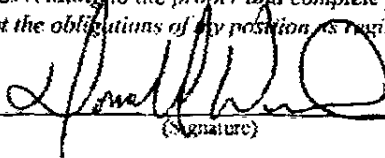
Florida street address (P.O. Box NOT ACCEPTABLE)

Jacksonville

FL 32210

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

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\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0404538
DATE INC/AUTH/FILED: 01/21/2004
JURISDICTION : GEORGIA
PRINT DATE : 03/10/2004
FORM NUMBER : 211

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DIVISION OF CORPORATIONS
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VYMED DATA SERVICES
WM. J. DUNCAN, PH.D.
555 SUN VALLEY DRIVE SUITE P-4
ROSWELL, GA 30076

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

VYMED DATA SERVICES, LLC
A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040310162912233



Cathy Cox

Cathy Cox
Secretary of State