

PO/000081510

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: FEDERATED HEALTH SYSTEMS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004536392--4  
-08/15/01--01054--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MARK FUINI  
Name (Printed or typed)

900 NE 4th Street  
Address

Fort Lauderdale, FL 33301  
City, State & Zip

954-232-1675  
Daytime Telephone number

FILED  
01 AUG 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Federated Health Systems, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2400 W. Cypress Creek Rd, Suite 100  
Fort Lauderdale, FL 33309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Healthcare Industry Software Services & Development

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Mark Fuini, President  
900 NE 4th Street  
Fort Lauderdale, FL 33301

FILED  
01 AUG 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MARK FUINI  
900 NE 4th Street  
Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARK FUINI  
900 NE 4th Street  
Fort Lauderdale, FL 33301

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mark Fuini / MARK FUINI  
Signature/Registered Agent

8/6/2001  
Date

Mark Fuini / MARK FUINI  
Signature/Incorporator

8/6/2001  
Date