

Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
MEDICAL INFORMATIONCS XCHANGE, INC.

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8-4-10
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2010 AUG -3 PM 12:46
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TALLAHASSEE, FLORIDA

**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. MEDICAL INFORMATICS XCHANGE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

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

3. TO BE APPLIED

(FEI number, if applicable)

4. JULY 20, 2010

(Date of incorporation)

5. PERPETUAL

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

6. NOT APPLICABLE

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

(Principal office address)

6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

(Current mailing address)

8. ANY LAWFUL BUSINESS

(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 NOT acceptable)

Name: **MURRAY POLISCHUK**

Office Address: **6644 OCEAN BLVD.**

OCEAN RIDGE

(City)

Florida 33435

(Zip code)

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.

MURRAY POLISCHUK

By: 

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MURRAY POLISCHUK

Address: 6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MURRAY POLISCHUK

Address: 6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

Vice President: _____

Address: _____

Secretary: MURRAY POLISCHUK

Address: 6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

Treasurer: MURRAY POLISCHUK

Address: 6644 N. OCEAN BLVD., OCEAN RIDGE, FLORIDA 33435

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

13. 

(Signature of Director or Officer listed in number 12 of this application)

14. MURRAY POLISCHUK, SOLE DIRECTOR AND PRESIDENT

(Typed or printed name and capacity of person signing application)

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL INFORMATICS XCHANGE, 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 SECOND DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL INFORMATICS XCHANGE, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2010.

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

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8148205

DATE: 08-02-10