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(Requestor's Name)				
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PICK-UP "WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AFTEO YEU

COVER LETTER

TO:	O: New Filing Section Division of Corporations				
SUBJ	ECT:	Whitech Medi	cal Solutions	Inc.	
		(Name of corpo	oration - must include suffix)	
Dear S	ir or Madam:				
"Certif		ation by Foreign Corporation nce," and check are submitted lorida.			
Please	return all corre	spondence concerning this m	atter to the following:		
		Jeffeory 1	White Jr. ne of Person)		
		Nan	ne of Person)	11-0-11-0	
		Whitech Med	lical Solution	15 Inc.	
		(Firm	n/Company)		
		1575 Chattanoo	oga Ave. Sur	te 2	
		Dalton, E	tate and Zip code)		
		(City/S	tate and Zip code)		
For fur	ther informatio	on concerning this matter, plea	ase call:		
Jef	FEON W (Name of Per	nite Tr. at (7)	06) 218- 497° rea Code & Daytime Telepl	none Number)	
	New Filing Son Division of C Clifton Build	orporations ing ve Center Circle	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27	
Enclos	ed is a check fo	or the following amount:			
\$7 0.	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	

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. Solutions 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Suite 2 Datton, GA 30720 (Current mailing address) evelopment and sale of medical computer (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: Office Address: 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.

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: Jeffeon White Jr.	
Address: 1575 Chattanooga Ave. Suite	2 2
Datton, 6A 30720	
Vice Chairman: Clara A. White	
Address: 1575 Chattanooga Ave Suite	2 覧
Datton, GA 30720	4
Director:	
Address:	
	g m. □
Director:	
Address:	
B. OFFICERS	
President: Jeffeory White Jr.	
Address: 1575 Chattanooga KVe. Suite:	2_
Dalton, GA 30720	
Vice President: Clara A. White	
Address: 1575 Chattanouga Ave. Suite	L
Datton, GA 30720 Secretary: April White,	
Secretary.	2 Datte 61 20720
Address: 1575 Chattanooga Ave. Suite Treasurer: April White Address: 1575 Chattanooga Ave. Suite	2 <u>Valley</u> , OA 30120
Treasurer: Treasurer: Ala Shirt	20 Dalla 14 20771
Address: 1575 Chattanoga Tive. Sund	e 2 Danovi, 64 30121
NOTE: If necessary, you may attach an addendum to the application listing addit	tional officers and/or directors.
13. OM MATER	
(Spriature of Director or Officer listed in number 12 of the	application)
14. Jeffeory White Jr., Chair.	
(Typed or printed name and capacity of person signing ag	oplication)

0143153 Control No.

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

WHITECH MEDICAL SOLUTIONS INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 09/25/2001 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 17th day of July, 2008

> Karen C Handel Secretary of State

Kaun C. Handel

Certification Number: 3032613-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp