

F 00000001103

CAPITOL SERVICES d/b/a
 PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
 1406 Hays Street, Suite 2
 (Address)
 Tallahassee, FL 32301 (904) 656-3992
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

300003151449--1
 -02/29/00-01046-011
 *****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ^{ADP} A Integrated Medical Solutions Group Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

Walk in
 Pick up time 2/29
 Certified Copy
 Mail out
 Will wait
 Photocopy Stamped
 Certificate of Status

00 FEB 29 AM 11:34
 SECRETARY OF STATE
 OFFICE OF CORPORATIONS

B/C 2/29/00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 3 29 AM 11:00
 SECRETARY OF STATE
 OFFICE OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Examiner's Initials	
---------------------	--



Resubmit.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 29, 2000

Please back later

00 FEB 29 AM 11:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITOL SERVICES

TALLAHASSEE, FL

SUBJECT: ADP INTEGRATED MEDICAL SOLUTIONS GROUP, INC.
Ref. Number: W00000005442

We have received your document for ADP INTEGRATED MEDICAL SOLUTIONS GROUP, 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):

As discussed, the name on the Delaware certificate does not contain the word "GROUP." Please correct as is appropriate.,

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 100A00010888

00 MAR -1 AM 10:56
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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. ADP Integrated Medical Solutions, 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. Delaware
(State or country under the law of which it is incorporated)

3. 521558967
(FEI number, if applicable)

4. 3/4/88
(Date of incorporation)

5. Perpetual
(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. To engage in any lawful act or activity for which corporations may be organized under the General Corporate Law of Florida. More specifically: electronic data processing and other related activities.
(Current mailing address)

8. One ADP Boulevard, Roseland, NJ 07068.
(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: NRAI Services, Inc.

Office Address: 526 East Park Avenue

Tallahassee, Florida, 32301
(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.

NRAI Services, Inc.
Sheraldene Purvance
(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)

00 FEB 29 AM 11:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Directors, Officers Report

ADP Integrated Medical Solutions, Inc.

Thursday, February 24, 2000

DIRECTORS

James B. Benson
Richard J. Haviland
Robert J. Singer

Director
Director
Director

OFFICERS

James B. Benson
Raymond L. Colotti
Richard J. Haviland
Robert J. Singer

President and Secretary
Vice President and Treasurer
Vice President and Controller
Assistant Secretary

ADP INTEGRATED MEDICAL SOLUTIONS
SECRETARY OF CORPORATIONS
00 FEB 29 AM 11:34

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____ SEE ATTACHED _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
DIVISION OF CORPORATIONS
00 FEB 29 AM 11:31

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

President: _____

Address: _____

Vice President: _____

Address: _____

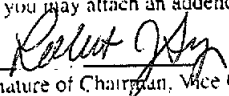
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Robert J. Singer, Assistant Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADP INTEGRATED MEDICAL SOLUTIONS, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADP INTEGRATED MEDICAL SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF MARCH, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

00 FEB 29 AM 11:34
OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS



Edward J. Freel

Edward J. Freel, Secretary of State

2153915 8300
001096486

AUTHENTICATION: 0281396
DATE: 02-25-00