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Florida Department of State

Division of Corporations

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C5 HEALTH, INC.

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CAPITAL CONNECTION

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 3, 2001

CAPITAL CONNECTION, INC.

SUBJECT: C5 HEALTH, INC.
REF: W01000010037

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

In compliance with F.S. 807.1503, the following is submitted to register a foreign corporation to transact business in the state of Florida.

1. Name of corporation: **C5 HEALTH, INC.**
[must include the word "Incorporated," "Company," "Corporation," or words or abbreviations of like import].
2. State or country under the law of which it is incorporated: **Delaware**
3. FEI number, if applicable: **65-1094909**
4. Date of incorporation: **April 20, 2001**
5. Duration: **Perpetual**
6. Date first transacted business in Florida: **Upon Qualification**
7. Current mailing address: **2 North Tamiami Trail, Suite 608, Sarasota, FL 34236**
8. Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida: **Any Lawful Activity**
9. Name and street address of Florida registered agent:

Name: **Napolitano & Cooper, P.A.**
Office address including zip code: **100 Wallace Avenue, Suite 240
Sarasota, FL 34237**

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above-named 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.

NAPOLITANO & COOPER, P.A.

by: John E. Napolitano

11. Attached is a certificate of existence duly authenticated, not more than 90 days before 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: Timothy S. NovakAddress: 2 North Tamiami Trail, Suite 608
Sarasota, FL 34236

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Timothy S. NovakAddress: 2 North Tamiami Trail, Suite 608
Sarasota, FL 34236

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. Timothy S. Novak

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

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C5 HEALTH, 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 MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C5 HEALTH, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2001.

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

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TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1112549

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DATE: 05-02-01