

F03000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

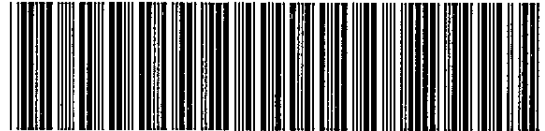
(Business Entity Name)

(Document Number)

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FILE
CORPORATIONS
TALLAHASSEE, FLORIDA

BK

03 JUL -9 PM 1:06
FILED
STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

July 9, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

03 JUL -9 PM 1:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5882449 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Doctor-Driven Systems, Inc. (DE)
Qualification
Florida

Doctor-Driven Systems, Inc. (DE)
Cert Copy of Articles of Inc
Florida

Doctor-Driven Systems, Inc. (DE)
Certificate of Status/Authorization-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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FILED
SERIES STATE
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

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STATE
SECRETARY OF
CORPORATIONS
TALLAHASSEE, FLORIDA

1. Doctor-Driven Systems, 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 3. 04-3542054
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/8/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 20 William Street - Suite 330, Wellesley, MA 02481
(Principal office address)
20 William Street - Suite 330, Wellesley, MA 02481
(Current mailing address)

8. To Develop, Market and Sell web-based medical software
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Christian Kryder, M.D.

Address: 20 William Street - Suite 330
Wellesley, MA 02481

Vice Chairman: _____

Address: _____

Director: 1) Thomas Janes

2) David Marguiles

3) William Bennett

Address: One Boston Place
Boston, MA 02108

59 Pine Ridge Road
Waban, MA 02468

149 Common Street
Dedham, MA 02026

Director: 4) Christopher Brown

5) Gary Damkoehler

Address: One Sun Life Executive Park
Wellesley Hills, MA 02481

111 Second Ave East, Suite 1500
St. Petersburg, FL 33701

B. OFFICERS

President: John Christian Kryder, M.D.

Address: 20 William Street - Suite 330
Wellesley, MA 02481

Vice President: _____

Address: _____

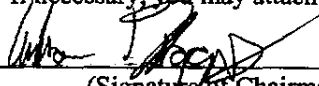
Secretary: Lisa Manley

Address: 20 William Street - Suite 330, Wellesley MA 02481

Treasurer: William J Higgins

Address: 20 William Street - Suite 330, Wellesley MA 02481

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. William J Higgins
(Typed or printed name and capacity of person signing application)

FILED
JUL - 8 PM 1:06
TAMM HILLS STATE PRISON
FLORIDA

Delaware

PAGE 1

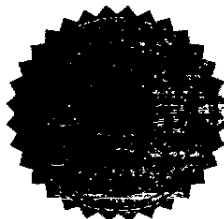
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTOR-DRIVEN SYSTEMS, 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-SIXTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

FILED
03 JUN - 98 PM 9:00
STATE OF DELAWARE
HALLMARKS



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3285417 8300

AUTHENTICATION: 2498789

030425019

DATE: 06-26-03