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Florida Department of State  
Division of Corporations  
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FOREIGN PROFIT/NONPROFIT CORPORATION

HEALTHEX CORP.

Certificate of Status	0
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Dec. 11, 2008 1:42 PM (H80002720183)

No. 0378 P. 2

**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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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1. **HEALTHEX CORP.**

(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. **New York**

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

3. **11-6520974**

(FEI number, if applicable)

4. **March 25, 1999**

(Date of incorporation)

5. **Perpetual**

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

6. **Upon Filing**

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

7. **35 Powerhouse Road, Roslyn Heights, NY 11577**

(Principal office address)

**35 Powerhouse Road, Roslyn Heights, NY 11577**

(Current mailing address)

8. **Courier delivery services and any and all activities incidental thereto.**

(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: **Incorporating Services, Ltd.**

Office Address: **1540 Glenway Drive**

**Tallahassee**, Florida **32301**

(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.*

*Meghan Kleeze, Asst. Secty*  
(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: Keith Kearney

Address: 12 Jefferson Avenue  
Bayville, NY 11709

Vice Chairman: Michael Montemarano

Address: 1872 Park Drive  
Seaford, NY 11783

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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B. OFFICERS

President: Keith Kearney

Address: 12 Jefferson Avenue  
Bayville, NY 11709

Vice President: Michael Montemarano

Address: 1872 Park Drive  
Seaford, NY 11783

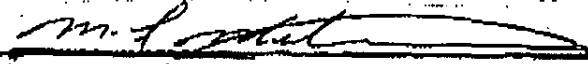
Secretary: Michael Montemarano

Address: 1872 Park Drive, Seaford, NY 11783

Treasurer: Keith Kearney

Address: 12 Jefferson Avenue, Bayville, NY 11709

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 the application)

14. Michael Montemarano  
(Typed or printed name and capacity of person signing application)

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**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of HEALTHEX CORP. was filed on 03/25/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 10th day of December  
two thousand and eight.*

Daniel Shapiro  
Special Deputy Secretary of State

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TALLAHASSEE, FLORIDA

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