

F02000003178

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FOR CORP 6/21

SUBJECT: Employee Health Insurance Management, Inc.

CC+CUS

(Name of corporation - must include suffix)

Dear Sir or Madam:

00855-00167-00047-02963

MJH

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

W02-15271

Please return all correspondence concerning this matter to the following:

Linda Burbank

100005555881--0
-05/16/02--01081--006
*****87.50 *****87.50

(Name of Person)

Employee Health Insurance Management, Inc.

(Firm/Company)

24700 W. Twelve Mile Rd Suite 101

(Address)

Southfield, MI 48034

(City/State and Zip code)

For further information concerning this matter, please call:

Linda Burbank

(Name of Person)

248 948-9900

(Area Code & Daytime Telephone Number)

**SECRETARY OF STATE
TALLAHASSEE FLORIDA
02 JUN 21 PM 1:53**

FILED

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 28, 2002

LINDA BURBANK
EMPLOYEE HEALTH INSURANCE MANAGEMENT, IN
24700 W. TWELVE MILE RD., SUITE 101
SOUTHFIELD, MI 48034

SUBJECT: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.
Ref. Number: W02000015271

We have received your document for EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is missing a page, please complete the attached Officer/Director page and have it signed and return it for processing.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 502A00034063



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 10, 2002

LINDA BURBANK
EMPLOYEE HEALTH INSURANCE MANAGEMENT, IN
24700 W. TWELVE MILE RD., SUITE 101
SOUTHFIELD, MI 48034

SUBJECT: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.
Ref. Number: W02000015271

We have received your document for EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 102A00038143

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. Employee Health Insurance Management, 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. Michigan 3. 38-2776173

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02-04-1987 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. 24700 West Twelve Mile Rd Suite 101 Southfield, MI 48034

(Principal office address)
24700 West Twelve Mile Rd. Suite 101 Southfield, MI 48034

(Current mailing address)

8. third party administrator of pharmacy claims processing and health claims processing

(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 systems

Office Address: 1200 S. Pine Island Rd.

Plantation, FL 33324, Florida
(City) (Zip code)

02 JUN 21 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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.

Jennifer L. Gollbach
(Registered agent's signature)

Jennifer L. Gollbach
Asst. Secretary

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: Mindi Fynke

Address: 24700 West Twelve Mile Rd Suite101

Southfield, MI 48034

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mindi Fynke

Address: 24700 West Twelve Mile Rd Suite101

Southfield, MI 48034

Vice President: _____

Address: _____

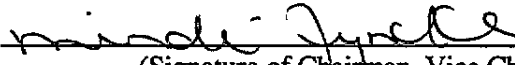
Secretary: Mindi Fynke

Address: 24700 West Twelve Mile Rd. Suite101 Southfield, MI 48034

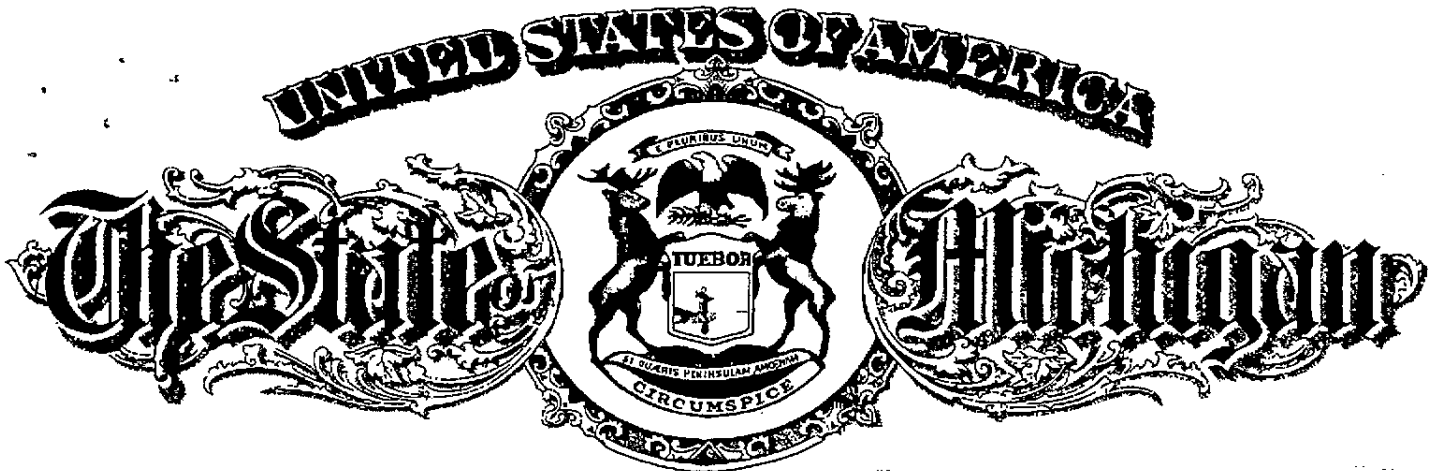
Treasurer: Mindi Fynke

Address: 24700 West Twelve Mile Rd Suite101 Southfield, MI 48034

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. Mindi Fynke, President
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

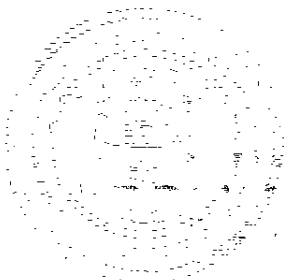
This is to Certify That

EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

was validly incorporated on February 4, 1987, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of June, 2002

Andrew L. Mitchell, Director

Bureau of Commercial Services