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CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 1 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedCom Care Management, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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.

Please return all correspondence concerning this matter to the following:

Liz Barbin
(Name of Person)

MedCom Care Management, Inc.
(Firm/Company)

P.O. Box 1751
(Address)

Covington, LA 70434
(City/State and Zip code)

For further information concerning this matter, please call:

Liz Barbin at (985) 871-1851
(Name of Person) (Area Code & Daytime Telephone Number)

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

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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.

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1. MedCom Care Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana

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

3. 72-1339762

(FEI number, if applicable)

4. 11/06/1996

(Date of incorporation)

5. Perpetual

(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. 2100 Covington Centre, Covington, LA 70433

(Principal office address)

P.O. Box 1751, Covington, LA 70434

(Current mailing address)

8. To engage in any lawful activity for which corporations may be formed under the Business Corporation Law of Louisiana.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

Denise Bell

(Registered agent's signature)

Denise Bell

Assistant 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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **Henry J. Miltenberger, Jr.**

Address: **2100 Covington Centre**

Covington, LA 70433

Director: _____

Address: _____

B. OFFICERS

President: **Henry J. Miltenberger, Jr.**

Address: **2100 Covington Centre**

Covington, LA 70433

Vice President: **Shelley P. Lampard** Vice President: **Curt W. Keay**

Address: **2100 Covington Centre** Address: **2100 Covington Centre**

Covington, LA 70433 **Covington, LA 70433**

Secretary: **Harold A. Aucoin**

Address: **2100 Covington Centre, Covington, LA 70433**

Treasurer: **Harold A. Aucoin**

Address: **2100 Covington Centre, Covington, LA 70433**

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. **Harold A. Aucoin** Secretary & Treasurer

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

UNITED STATES OF AMERICA
State of Louisiana



Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
MEDCOM, INC.

A LOUISIANA corporation domiciled at COVINGTON,

Filed charter and qualified to do business in this State on
November 08, 1996,

I further certify the records of this Office indicate the
name was changed to MEDCOM CARE MANAGEMENT, INC. on February
17, 2004.

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TALLAHASSEE, FLORIDA

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

February 17, 2004

Jox McKeithen

ABA 34542598D

Secretary of State

