

FO7000005983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

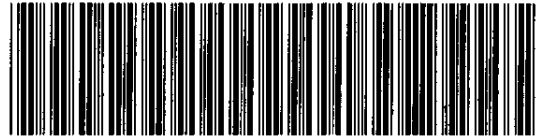
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/07--01030--001 **78.75

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07 DEC - 7 PM 2: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pm 12/7/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CorrectCare - Integrated Health, 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:

Jennifer M. Kahler

(Name of Person)

CorrectCare - Integrated Health, Inc.

(Firm/Company)

366 South Broadway

(Address)

Lexington, KY 40508

(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer M. Kahler

at (859) 225-7999

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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. CorrectCare - Integrated Health, Inc.
 (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. Kentucky 3. 31-1491074
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 9, 1996 5. perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 366 South Broadway, Lexington, Kentucky 40508
 (Principal office address)
- 366 South Broadway, Lexington, Kentucky 40508
 (Current mailing address)

8. Utilization Review + 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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

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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.

C T Corporation System

By: Carol Recore
 (Registered agent's signature)
Carol Recore
 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:

A. DIRECTORS

Chairman: Anthony Q. Baxter

Address: 154 East Bell Court, Lexington, KY 40508

Vice Chairman: _____

Address: _____

Director: Arthur A. Hellebusch

Address: 134 Hamilton Park, Lexington, KY 40504

Director: _____

Address: _____

B. OFFICERS

President: Arthur A. Hellebusch

Address: 134 Hamilton Park, Lexington, KY 40504

Vice President: Linda Goins

Address: 317 Hummingbird Lane, Frankfort, KY 40601

Secretary: Jennifer M. Kahler

Address: 2087 Sugar Creek Pike, Nicholasville, KY 40356

Treasurer: Jennifer M. Kahler

Address: 2087 Sugar Creek Pike, Nicholasville, KY 40356

** See Addendum attached.*

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *J. M. Kahler*
(Signature of Director or Officer listed in number 12 of the application)

14. Jennifer M. Kahler
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

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

Additional Officers and Directors:

Anthony Q. Baxter
Chief Executive Officer and Director
154 E. Bell Court
Lexington, KY 40508

Jim Burkhardt
Chief Financial Officer
391 Windom Lane
Nicholasville, KY 40356

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TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

Commonwealth of Kentucky
Trey Grayson, Secretary of State

11/28/2007

Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 56326

Jurisdiction: CorrectCare - Integrated Health, Inc.

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

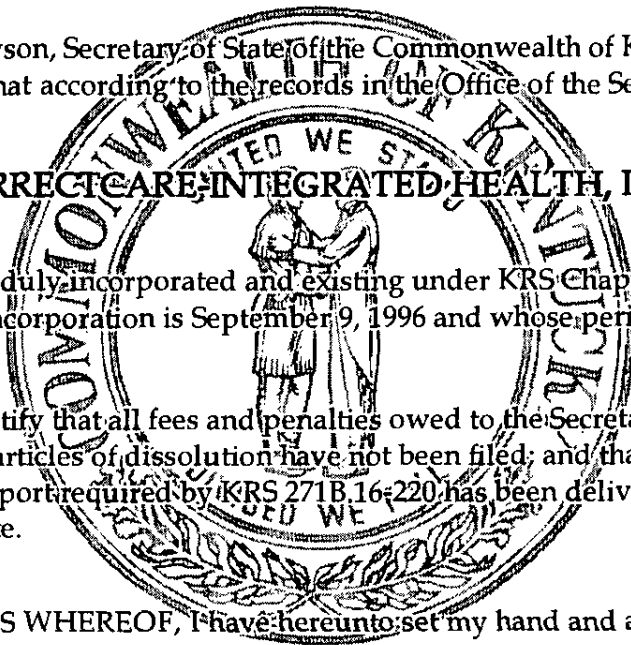
I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CORRECTCARE INTEGRATED HEALTH, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 9, 1996 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 28th day of November, 2007.

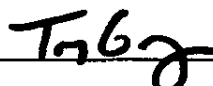


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Trey Grayson
Secretary of State
Commonwealth of Kentucky
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