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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
COMMUNITY CARE HEALTH NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/27
[Signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Community Care Health Network, 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," or "Certificate of Good Standing" 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:

DONNA GARR
Name of Person

COMMUNITY CARE HEALTH NETWORK
Firm/Company

9201 E. MOUNTAIN VIEW
Address

SCOTTSDALE, AZ 85258
City/State and Zip code

dgarr@matrixhealth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA GARR at (602) 464-5219
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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 TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Community Care Health Network, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Matrix Medical Network

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

2. Delaware, 3. 06-159981 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/16/00 5. Perpetual (Date of incorporation) (Duration; Year corp. will cease to exist or "perpetual")

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

7. 9201 E. Mountain View Road, Suite 220, Scottsdale, AZ 85258 (Principal office address)

(Current mailing address)

8. Administrative Service Company (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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301 (City) (Zip code)

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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.

By: [Signature] Troy Todd as its agent (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: Richard Brandewicz - Ballast Point Venture Partners

Address: 880 Carillon Parkway
St. Petersburg, Florida 33716

Vice Chairman: Patrick Kelly

Address: 1091 Ponte Vedra Blvd
Ponte Vedra Beach, FL 32082

Director: Michael Quilty (CEO)

Address: 1 Surrey Lane
Rockville Centre, NY 11570

Director: L. Peter Smith

Address: 551 East Prospect Avenue
Lake Bluff, IL 60044

B. OFFICERS

President: Michael Quilty, CEO & President

Address: 1 Surrey Lane
Rockville Centre, NY 11570

Vice President:

Address:

Secretary: Edward Cotter - General Counsel & Secretary

Address: 9201 E. Mountain View Road, Suite 220, Scottsdale, AZ 85258

Treasurer: Joseph Maturo - CFO & Treasurer

Address: 9201 E. Mountain View Road, Suite 220, Scottsdale, AZ 85258

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

13. Edward Cotter 9.15.11
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

14. Edward Cotter

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY CARE HEALTH NETWORK, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMUNITY CARE HEALTH NETWORK, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2000.

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

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

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TALLAHASSEE, FLORIDA

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9034044

DATE: 09-16-11