# F9900000420 TRANSMITTAL LETTER

	cation/Tax Lien Section n of Corporations		  		
	American Specialty Netw	orks Southwest, I	nc. ==		
		n - must include suffix)			
Dear Sir or Ma	dam:		. <del>-</del>		
	Application by Foreign Corporation for a Existence", and check are submitted to ruless in Florida.				
Please return al	l correspondence concerning this matter	to the following:	00027 1/21/21 1/******	<b>49904</b> 99-01077-00	: 17
	Sharon Jackson, Coordi			1(11) 美洲水水水上沙	.00
	(Name of	Person)	- *		
	American Specialty Net	works Southwest,	Inc.		
	(Firm/Co	npany)	<del></del> -		
	8989 Rio San Diego Dri	ve. Suite 250			
	(Addr	-			
	San Diego, CA 92108	·	<u></u>	56 56	
	(City/Sta	te/Zin)	<u> </u>	IVÎSÎRÎ Î 99 JAN 2	
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Should you need to call someone concerning this matter, please call:		r, please call:	-	T AN OFFICE OF STREET	-
		) 297-8100 ext. Code & Daytime Telephone		OF STATE OF	-
`			······,	unth	
STREET ADI	RESS:	MAILING ADDRESS:	<i>-</i> -	unta 1/22	
Qualification/I Division of Cor 409 E. Gaines		Qualification/Tax Lien Se Division of Corporations P.O. Box 6327	ection	10.00	
Tallahassee, FI	, 32399	Tallahassee, FL 32314			

### 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.

(Name of corpor	an Specialty Network ration; must include the word "INC	ORP	ORATED", "COME	PANY", "C				_
	iations of like import in language as r partnership if not so contained in			t it is a corp	oration inst	ead of a		
2. <u>Califo</u>			3	-				
(State or country	under the law of which it is incorporate	orate	ed)	(FEI nu	mber, if app	licable)		
4. Januar	y 21, 1993	5.				- <del></del> = -	-	
(Date	e of incorporation)		(Duration: Year	corp. will c	ease to exis	tor "perpett	ıal")	
6. <u>Upon a</u>	cceptance	<u> </u>		-	762 2	<u>=</u>		
(Date first	transacted business in Florida.) (SI	EE S	ECTIONS 607.1501	, 607.1502	and 817.15	5, F.S.)		
7. <u>8989</u> R	io San Diego Drive,	Su	ite 250			<u>-</u>		
San Di	ego, CA 92108						99	A.10
		ailin	ig address)				JA	
							<b>₹</b>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
8. <u>Please</u>	see attached.							`₹
(Purpose(	s) of corporation authorized in hom	e sta	ate or country to be c	arried out in	n state of Fl	orida)		육
9. Name and str	eet address of Florida register	ed a	agent: (P.O. Box	or Mail Dr	op Box <u>N</u>	DT accepta	$^{\text{able}}$	IIVIS
Name:	C T Corporation System	l ———	·			<u>=</u>	OI.	S
Office Address:	1200 South Pine Island							
	Plantation		, Flor	ida, 3332	4			
				(Zip cod				

#### 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. Thurther 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.

(Registered agent's signature)
D.F. Hickey, 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 <u>jurisdiction</u> under the law of which it is incorporated.

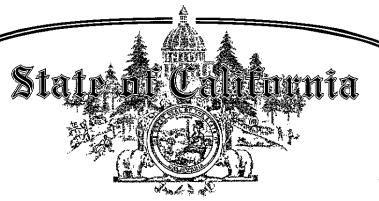
A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	Dr. Thomas Allenburg	 		
Address: _	5620 Smetana Drive, Suite 225			
_	Minnetonka, MN 55343			·
Vice Chain	man:			
_				
Director: _	Jan DeVries			
Address: _	8989 Rio San Diego Drive, Suite 250	. <u></u>		
_	San Diego, CA 92108	<u></u>		
Director: _		. <del></del> .		
Address: _		·		
R OFFI	CERS (Street address only - P.O. Box NOT acceptable)	I <del>r.</del>		
	• • •	- <del>:</del> -	99	Divid )38
	George DeVries		2	- <u>3</u>
Address: _	8989 Rio San Diego Drive, Suite 250 San Diego, CA 92108	<del></del>	<u> 2</u>	- ARE
<b>-</b>			~~	ာလ် <del></del> _
	ent:		<u> </u>	NE SEAS
Address: _		· 		<u> </u>
Secretary:	George DeVries	<u> </u>		
Address: _	8989 Rio San Diego Drive, Suite 250	<u></u>		
	San Diego, CA 92108	··		
Treasurer:	David Cole	 		·
Address: _	5620 Smetana Drive, Suite 225			
	Minnetonka, MN 55343			
	necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.		
13	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	ation)		
14	George DeVries, President (Typed or printed name and capacity of person signing application)			

#### ATTACHMENT TO CERTIFICATE OF AUTHORITY

For American Specialty Networks Southwest, Inc.

8. Professional/Business Services (List professional service(s) and other business services, if applicable, to be rendered):

Provide specialty provider networks and administrative services, including utilization review and claims processing on an administrative services only basis for health maintenance organizations, point of service plans, other managed care organizations, self-funded employers and trust funds.



#### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

#### AMERICAN SPECIALTY NETWORKS SOUTHWEST, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

January 13, 1999

Bill Ins

Secretary of State