Division of Corporations Electronic Filing Cover Sheet

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(((H11000249029 3)))



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To:

Division of Corporations

Fax Number (850) 617~6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

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 Limited Liability Company Centurion, LLC

Certificate of Status	0
Certified Copy	0
Page Count	45-07
Estimated Charge	\$125.00

RE-SUBMIT Please retain original filing date of submission 10/14



October 26, 2011

CT CORPORATION SYSTEM

SUBJECT: CENTURION MANAGED CARE OF FLORIDA, LLC

REF: W11000053072

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited may be abbreviated as "Ltd." and the word "Company" may be

RE-SUBMIT
Please retain original filing date of submission 10/14

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abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is F98000002880 (CENTURION, INC).

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton FAX Aud. #: H11000249029
Regulatory Specialist II Letter Number: 911A00024414
Registration/Qualification Section

October 17, 2011

CT CORPORATION SYSTEM

SUBJECT: CENTURION, LLC

REF: W11000053072

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable with the company acceptable with the co

Please retain original filing date of submission 10/14

limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

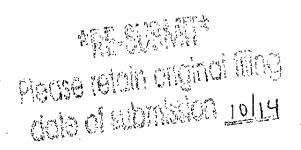
The document number of the name conflict is F98000002880 (CENTURION, INC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton FAX Aud. #: B Regulatory Specialist II Letter Number Registration/Qualification Section

FAX Aud. #: H11000249029 Letter Number: 7.11A00023667



WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are	the Managers and/or Managing
Members of Centurion, 3.4.C	
(Name of United Liability	у Соврраву)
a limited fiability company duly organized and exi	sting under the laws of
Detaware	
(State or Country of Organization)	
Because the name of this foreign limited liability of	company does not satisfy the
requirements of the s. 608,406, F.S., the limited lia	ibility company hereby adopts the
following name to transact business in the state of	Florida:
Centurion Managed Care of Florida, 4.4.3"	
(Name to be used by finited fiability company in Florida: SIO(1E; Company, 4.4., C., or 1.1.C.)	Name must end with Linnaed Gability
Date: 10/26/11	
Signature(s) of Manager(s) and/or Managing Men	aber(s):
V	
The second street and the second seco	1 1 1 1 1
Application and assume a paper of the College of a paper appropriate the College of the College	
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CR2E122 (7/07)

BILOCT 14 AM 8: 22

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

١.	Centarion, LLC	-	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.,C.," or "LLC.")		
	enturion Managed Care of Florida, LLC. Uname unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	weitter	1
¢о	onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany." "L.I. C." "LLC")		•
2.	Delaware 3 90-0766502		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	5/9/11 5, perpetual	_	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
ύ.			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty flability)	_≥	
7.	7700 Forsyth Blvd., Sic.800	=	
	St. Leuis, MO 63105 AT	OCT	77
	(Street Address of Principal Office)	=	一
8.	. If limited liability company is a manager-managed company, check here 🗵	R	
	77.0	ά Έ	0
9,	The name and usual business addresses of the managing members or managers are as follows.	<u>∵</u>	
	See attached Dri	N	
		-	•
		-	
10	0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	conds in	
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a		
	constation of the certificate under costh of the translation must be submitted.)		
1 1	1. Nature of business or purposes to be conducted or promoted in Florida: To form or acquire subsidiaries		
	that provide comprehensive healthcare services to incarcerated individuals.		
	AH		
	Signature of a member or an authorized representative of a member.		
	(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 1 am aware that any false information submitted in a		
	document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.)		
	Jesse Hanter		
	Typed or printed name of signee		

List of Managers of

Centurion, LLC

Jesse Hunter 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105

Jason Harrotd 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105

Cameron Murray 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105

Donald Imholz 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105

Michael Pinkert 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105

Steve Wheeler 7700 Forsyth Blvd. Ste. 800 Sr. Louis, MO 63105

Susan Ritchey 7700 Forsyth Blvd. Ste. 800 St. Louis, MO 63105 SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	Limited Liubility Con	npany is:	
Centurion, LLC			
If unavailable, the al-	ternate to be used in t	the state of Florida is:	
Centurion Managed Care	e of Florida, LLC		
2. The name and the	e Florida street addres	is of the registered agent and office are:	
cro	Corporation System		_
		(Name)	
1200	South Pine Island Road		
	Florida Street A	ddress (P.O. Box NOT ACCEPIABLE)	
Plan	dation	F1 33324	
	والمستقبلة والمستور فيرسب والمرسيد والمراوية والمراوية والمراوية فيقال والميارة	City/State/Zip	
liability company at ta agent and agree to ac relating to the proper	the place designated in it in this capacity. I fu and complete perform attion as registered age CT Corportion Syst	d to accept service of process for the above a this certificate, I hereby accept the appoint other agree to comply with the provisions of mance of my duties, and I am familiar with a ent as provided for in Chapter 608, Florida tem	tment as registered full statutes and accept the

president state and state of the

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTURION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4979935 8300

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Jettley W. Bullock, Secretary of State
AUTHENTY CATION: 9092825

DATE: 10-14-11

You may verify this certificate oulin