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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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) 205-8842
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 PROFIT/NONPROFIT CORPORATION

Forward Health Group, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

RECEIVED

15 AUG 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2015 AUG 11 P 3:37

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AUG 12 2015

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FORWARD HEALTH GROUP, 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:

JOELLE CHURIK

Name of Person

CT CORPORATION

Firm/Company

208 SOUTH LA SALLE STREET, SUITE 814

Address

CHICAGO, IL 60604

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOELLE CHURIK

at (312) 283-1715

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

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**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. **FORWARD HEALTH GROUP, INC.**

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

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

2. **DELAWARE**

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

3.

(FEI number, if applicable)

4. **09/18/2014**

(Date of incorporation)

5. **PERPETUAL**

(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. **1 SOUTH PINCKNEY STREET, SUITE 301, MADISON, WI 53703**

(Principal office address)

1 SOUTH PINCKNEY STREET, SUITE 301, MADISON, WI 53703

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NRAI SERVICES, INC.

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

9. 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.

NRAI SERVICES, INC.

By:

(Registered agent's signature)

Joe M. Chung, Asst. Secretary

10. 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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.

13. _____

NANCY N. SIELAFF, SECRETARY & GENERAL COUNSEL

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

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TALLAHASSEE, FLORIDA

FORWARD HEALTH GROUP, INC.

FEI Number: 27-0324007
Date of Incorporation in Delaware: September 18, 2014

Board of Directors

Michael Barbouche, Chief Executive Officer
1 South Pinckney Street, Suite 301, Madison, WI 53703

Bryan Becker, MD
1 South Pinckney Street, Suite 301, Madison, WI 53703

Michael Bingham
1 South Pinckney Street, Suite 301, Madison, WI 53703

Conor Green
1 South Pinckney Street, Suite 301, Madison, WI 53703

Officers

Michael Barbouche, Chief Executive Officer
1 South Pinckney Street, Suite 301, Madison, WI 53703

James Mattos, Chief Revenue Officer
1 South Pinckney Street, Suite 301, Madison, WI 53703

Charles Sloan, Chief Financial Officer
1 South Pinckney Street, Suite 301, Madison, WI 53703

Nancy Sielaff, Secretary and General Counsel
1 South Pinckney Street, Suite 301, Madison, WI 53703

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORWARD HEALTH GROUP, 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 FIFTH DAY OF AUGUST, A.D. 2015.

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

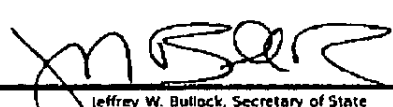
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5605752 8300

151139467

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2620121

DATE: 08-05-15