

F00000000294

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

200003100962--2
-01/18/00--01052--008
*****70.00 *****70.00

MIM Health Plans, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Photo Copies

☐ Fictitious Name

☐ Certified Copy

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☐ Walk In

☐ Will Wait

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Name Availability
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TALLAHASSEE, FLORIDA

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THANKS

LAURA EARNST

**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.*

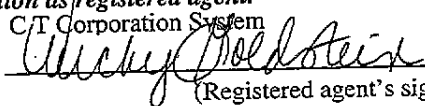
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 18 PM 2:21

1. MIM Health Plans, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 05-0477048
(FEI number, if applicable)
4. 07/03/97
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Has not yet transacted business in Florida
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 100 Clearbrook Road
Elmsford, NY 10523
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized under
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Florida Statutes.
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)
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

(Registered agent's signature)

VICKY GOLDSTEIN
SPECIAL 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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Richard H. Friedman

Address: 100 Clearbrook Road

Elmsford, NY 10523

Vice Chairman: _____

Address: _____

Director: Scott R. Yablon

Address: 100 Clearbrook Road

Elmsford, NY 10523

Director: Barry A. Posner

Address: 100 Clearbrook Road

Elmsford, NY 10523

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Scott R. Yablon

Address: 100 Clearbrook Road

Elmsford, NY 10523

Vice President: Barry A. Posner

Address: 100 Clearbrook Road

Elmsford, NY 10523

Secretary: Barry A. Posner

Address: 100 Clearbrook Road

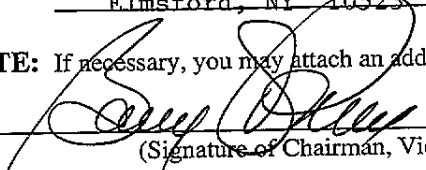
Elmsford, NY 10523

Treasurer: Scott R. Yablon

Address: 100 Clearbrook Road

Elmsford, NY 10523

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Secretary and Vice President + Secretary
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIM HEALTH PLANS, 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 TWELFTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIM HEALTH PLANS, INC." WAS INCORPORATED ON THE THIRD DAY OF JULY, A.D. 1997.

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

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



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Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

0195193

DATE:

01-12-00

00 JAN 18 PM 2:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED