

F00000003598

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

CORPORATION(S) NAME

100003304121--0
-06/26/00--01053--017
*****70.00 *****70.00

Strategic Health Alliance Management Corp.

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

06/26/00

RECEIVED
00 JUN 26 AM 11:06
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 JUN 26 PM 1:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. Strategic Health Alliance Management Corp.

(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. Ohio

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

3. 31-1522092

(FEI number, if applicable)

4. March 25, 1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 630 Morrison Rd., Suite 150

Gahanna, OH 43230

(Current mailing address)

8. Operation of a managed care organization

(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 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

Susan J. Metze
(Registered agent's signature)

Susan J. Metze
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: Gregory A. Thompson

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

Vice Chairman: _____

Address: _____

Director: Brian W. Slusser

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

Director: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 26 PM 1:31

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

President: Brian W. Slusser

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

Vice President: Kevin H. Connor, Esq.

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

Secretary: Kevin H. Connor, Esq.

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

Treasurer: Kevin H. Connor, Esq.

Address: 630 Morrison Rd., Suite 150

Gahanna, OH 43230

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

13. Kevin H Connor

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

14. Kevin H. Connor, Vice President

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

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

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00 JUN 26 PM 1:37
DIVISION OF CORPORATIONS
SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show STRATEGIC HEALTH ALLIANCE MANAGEMENT CORP., an Ohio corporation, Charter No. 972449, having its principal location in Columbus, County of Franklin, was incorporated on March 25, 1997 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at

Columbus, Ohio on

June 20, 2000

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State