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FILING COVER SHEET ACCT. #FCA-14

CINDY HICKS

CONTACT:

xaminer's Initials

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DATE:	10-c	22-01		<u> </u>	*****78.75 **	***78.75
REF.#:	017	3.		-		
CORP. NAME:	Spec	trum M	Janage	dCare		·
	of C	alifornia	, Inc			
() ARTICLES OF INCOR	PORATION	() ARTICLES OF A	MENDMENT	() ARTICLES OF	DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SI	ERVICE MARK	() FICTITIOUS NA	AME 🚆	
FOREIGN QUALIFICA	TION	(') LIMITED PARTN	ERSHIP	() LIMITED LIAB	_{lity} ≦ s z)
() REINSTATEMENT		() MERGER		() WITHDRAWAL		•
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OTHER:			7/	() 000-3	SP ≥ F	ŕ 4
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STATE FEES PRE	EPAID WI	TH CHECK#	1530/ FC	OR \$ 78.75		Die
AUTHORIZATIO	N FOR A	CCOUNT IF TO	BE DEBITE	D;	OF SEC TALL	
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'LEASE RETURN	ī:				AM II: STATE LORID	
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CERTIFIED COPY	() C	ERTIFICATE OF GOO	DD STANDING	() PLAIN	STAMPED COPY	•
) CERTIFICATE OF S	TATUS					-
		•			•	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO	CE WITH SECTION 607.1503, FLORI OREIGN CORPORATION TO TRANS	IDA S	STATUTES, TH	HE FOLLOWII	VG IS SUBMI	FED TO	,	
	anaged Care of California, Inc.	ACI.	B CSHVESS HV	THE STATE (JF FLORIDA EC	81		
			ED. ((CO) (D.)		7,3	<u> </u>	-	
words or abbre	oration; must include the word "INCORPO eviations of like import in language as will	JRAT olean	ED", "COMPA	NY", "CORPOI	ر برون RATION"		1	
natural person	or partnership if not so contained in the na	me at	.y marcale mai i nresent)	as a corporation	instead or an	· 量		
	The personal property of the p	ario ai	prosent.)		=	9 =		
Delaware		3.	33-0942608		5	等 =		
(State or coun	try under the law of which it is incorporate	ed)		(FEI number,	if applicable)	3 5	_	
4. <u>January 11, 2</u>		_ 5.	Perpetual	, <u>"</u>				· · ······
(Da	ate of incorporation)		(Duration: Y	ear corp. will ce	ease to exist or	"perpetual"	")	
6. Upon qualific								
(Date first trans	sacted business in Florida. If corporation h (SEE SECTIONS 607	as not 7.1501	t transacted bus I, 607.1502 and	iness in Florida, 817.155, F.S.)	insert "upon qu	salification.	.**)	÷
7 610 West As	h Street, Suite 1500, San Diego, CA 9	2101						
·	(Principal offic	_ _	trecc)	<u> </u>	 .	; -:	· :	,
	•		1000)					
610 West Asi	h Street, Suite 1500, San Diego, CA 92			1			_	المعادي ويالجي
	(Current mailir	ig add	lress)					
g Telephoni	c Medical Case Management a	and	related ac	rtivition				
(Purpose	(s) of corporation authorized in home state	or co	ountry to be carr	ied out in state o	of Florida)		_	**
					•			
9. Name and <u>st</u>	<u>reet address</u> of Florida registered ag	gent:	(P.O. Box or	Mail Drop Box	K <u>NOT</u> accept	able)		
	NDAL Continue Inc.							
Name:	NRAI Services, Inc.			4			-	÷
Office Address:	526 E. Park Avenue	-						
Office Madress.	ozo z. r dik / Worldo		· ·	•		-		- i
	Tallahassee		, Florida	32301				
	(City)			(Zip code)	- ·	1.51		, t 😑
	(,			(Zip code)				
10. Registered	agent's acceptance:							
Having been na	med as registered agent and to accept	servi	ice of process	for the above s	stated cornor	ation at th	ie nlac	.0
designated in thi	is application, I hereby accept the app	ointi	nent as regista	ered agent and	agree to act	in this car	nacity.	ĭ
further agree to	comply with the provisions of all state	utes r	relative to the	proper and con	mplete perfor	mance of	mv.	^
duties, and I am	familiar with and accept the obligation	ons o	f my position	as registered a	gent.		,	
	IRAI Services, Inc.	,	_		_			
			;	+				
	(Fatt							
-	- were							
((Registered age: Charles Baclet, Vice President	nt's si	gnature)					
	a certificate of existence duly authentic	cated	not more that	1 90 davs prior	to delivery o	f this anal	ication	ı to

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.

And the second	SE A
2. Names and business addresses of officers and/or directors:	FILED IN
a. DIRECTORS	See 22 E
thairman: (see attached list)	FIG. I
address:	57
Tice Chairman:	
ddress:	
irector:	
.ddress:	
rirector:	
ddress:	
	·
OFFICERS	
resident: (see attached list)	
ddress:	
ice President:	
ddress:	
peretary:	
ddress:	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
3. /////////	
(Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
4. Kevin Jasper, Secretary (Typed or printed name and capacity of person signing	g application)

Spectrum Managed Care of California, Inc.

Officers and Directors

Officers

	Name		
1.	Jeffrey S. Ward	610 West Ash Street, Suite 1500 San Diego, CA 92101	Chief Executive Officer
2.	Gerard A.C. Bakker	610 West Ash Street, Suite 1500 San Diego, CA 92101	President
3.	Kevin P. Jasper	610 West Ash Street, Suite 1500 San Diego, CA 92101	Secretary
4.	Ted Filley	610 West Ash Street, Suite 1500 San Diego, CA 92101	Treasurer/Chief Financial Officer

Directors

	Name	Address
1.	Jeffrey S. Ward	610 West Ash Street, Suite 1500 San Diego, CA 92101
2.	Kevin P. Jasper	610 West Ash Street, Suite 1500 San Diego, CA 92101
3.	Gerard A.C. Bakker	610 West Ash Street, Suite 1500 San Diego, CA 92101

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECTRUM MANAGED CARE OF CALIFORNIA, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECTRUM MANAGED CARE OF CALIFORNIA, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JANUARY, A.D. 2001.

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

O1 OCT 22 MIII: 14
SECRETARY OF STATE
TAIL AHASSEE IS STATE



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1397469

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DATE: 10-18-01