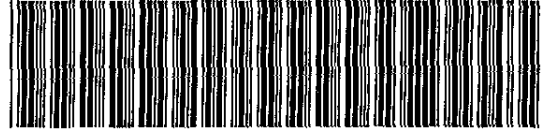


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TALLAHASSEE, FLORIDA



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W03-16952

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

June 12, 2003

SHIRLEY R. SMITH  
6705 ROCKLEDGE DR. #900  
BETHESDA, MD 20817

SUBJECT: SOUTHCARE PPO, INC.  
Ref. Number: W03000016952

We have received your document for SOUTHCARE PPO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 003A00036603

**TRANSMITTAL LETTER**

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03 JUN 30 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SouthCare PPO, 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", 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:

Shirley R. Smith  
(Name of Person)  
Coventry Health Care, Inc.  
(Firm/Company)  
6705 Rockledge Dr. #900  
(Address)  
Bethesda, MD 20817  
(City/State and Zip code)

For further information concerning this matter, please call:

Shirley R. Smith at (361) 581-0900  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

**SUPERIOR**  
**INFORMATION SERVICES, LLC**

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03 JUN 30 AM 11:20

P.O. Box 8787  
Trenton, NJ 08618-1427  
800-848-0489  
Fax 609-883-7891  
www.superiorinfo.com

Date: June 3, 2003

To: Florida Division of Corporations

From: Almeda Nangel – Corporate Services Supervisor

Re: SouthCare PPO, Inc.

Enclosed please find Withdrawal Application along with our check number 8607 in the amount of \$35 for the filing fees. After this document has been filed, please file the Application by Foreign Corporation for Authorization to Transact Business in Florida along with our check number 8608 in the amount of \$70 for the filing fees.

Should you need any further information, please do not hesitate to contact me at (800) 848-0489, ext. 5411.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE DEPARTMENT OF STATE  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA, TALLAHASSEE, FLORIDA

1. SouthCare PPO, 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. Missouri 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/24/1994 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6705 Rockledge Dr. #900  
(Principal office address)  
Bethesda, MD 20817  
(Current mailing address)
8. Managed health care services.  
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301  
(City) (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.*

NRAI Services, Inc.

By: Maria Wang

(Registered agent's signature)

Asst. Secy.

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 business addresses of officers and/or directors:

*see attachment.*

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

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.

13. \_\_\_\_\_

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

14. *Shirley R. Smith, Secretary*

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

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03 JUN 30 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICERS AND DIRECTORS OF SOUTHCARE PPO, INC.**

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03 JUN 30 AM 11:29  
TALLAHASSEE, FLORIDA

**Directors:**

Thomas A. Davis  
Thomas P. McDonough  
Dale B. Wolf

**Officers:**

Thomas A. Davis	President and Chief Executive Officer
Thomas P. McDonough	Executive Vice President
Dale B. Wolf	Executive Vice President and Treasurer
Shirley R. Smith	Secretary
John J. Stelben	Assistant Treasurer
John J. Ruhlmann	Corporate Controller

# STATE OF MISSOURI



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JUN 30 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Matt Blunt  
Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING


I, MATT BLUNT, Secretary of the State of Missouri,  
do hereby certify that the records in my office  
and in my care and custody reveal that

**SOUTHCARE PPO, INC.**  
**00400106**

was created under the laws of this State on the  
24th day of August, 1994, and is in good standing, having fully  
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my  
hand and an imprinted the GREAT SEAL of  
the State of Missouri, on this,  
the 29th day of May, 2003



  
Secretary of State

Certification Number: 5854388-11 Page 1 of 1 Reference:  
Verify this certificate online at <http://www.sos.state.mo.us/verification>