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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAD Healthcare, 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:

Jacqueline M Cosmos, Compliance Specialist

(Name of Person)

TRIAD Healthcare, Inc.

(Firm/Company)

80 Spring Lane PO Box 902

(Address)

Plainville, CT 06062

(City/State and Zip code)

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For further information concerning this matter, please call:

Jacqueline M Cosmos

(Name of Person)

at (800) 550-0540 x3160

(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

**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. TRIAD Healthcare, 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. Connecticut 3. 39-1886617
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 27, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. February 27, 2003 *See attached Statement for further details.
(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. 80 Spring Lane Plainville, CT 06062
(Principal office address)
PO Box 902 Plainville, CT 06062
(Current mailing address)
8. IPA to Include: Utilization Review, Claim Processing & Provider Network
(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 Ave
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.

Eileen Ash, Asst. Secy.
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Sole Director: Agostino Villani, DC

Address: 80 Spring Lane PO Box 902 Plainville, CT 06062

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director:

Address:

B. OFFICERS

President: Agostino Villani, DC

Address: 80 Spring Lane Plainville, CT 06062

Vice President: CEO: Agostino Villani, DC

Address: 80 Spring Lane Plainville, CT 06062

Secretary: Robert Anthony, Esq.

Address: 185 Asylum St 38th Floor Hartford, CT 06103

Treasurer: Agostino Villani, DC

Address: 80 Spring Lane Plainville, CT 06062

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.

Agostino Villani, DC, President

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

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Attachment to Question #6

TRIAD Healthcare Inc was organized on February 11, 1997 and existed under the laws of Iowa through our parent company, NCMIC. As an Iowa Corporation, we began doing business in the State of Florida in January 1999.

Effective February 27, 2003, TRIAD Healthcare Inc re-incorporated as a Connecticut Corporation and now exists under the laws of Connecticut. Our tax identification number (39-1886617) and office location remained the same after the re-incorporation.

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

TRIAD HEALTHCARE CONNECTICUT, INC.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on February 27, 2003. The following comprises a list of
amendments changing its name as filed in this office as of the date of
this certificate:

AMENDMENTS CHANGING THE NAME TO

TRIAD HEALTHCARE, INC.

File Date: February 27, 2003 — File Time: 04:00 PM
Effective Date: February 27, 2003 — Effective Time: 04:00 PM

Insofar as the records of this office reveal, the corporation is in
existence.



Secretary of the State

Date Issued: August 1, 2003

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