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Division of Corporations

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Florida Department of State  
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FOREIGN PROFIT QUALIFICATION

Managed Care Network Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**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. MANAGED CARE NETWORK INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEW YORK**

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

**3. 16-1576346**

(FEI number, if applicable)

**4. December 7, 1999**

(Date of incorporation)

**5. perpetual**

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

**6. upon qualification**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 531 Buffalo Avenue, Niagara Falls, New York 14303**

(Principal office address)

531 Buffalo Avenue, Niagara Falls, New York 14303

(Current mailing address)

**8. Consulting for workers' compensation claims management**

(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 NOT acceptable)**

Name: Jeanne Battaglia-Dillon

Office Address: 2980 White Cedar Circle

Kissimmee,

(City)

, Florida 34741

(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.

→ Jeanne Battaglia-Dillon  
(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.

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

**A. DIRECTORS**Chairman: Jeanne Battaglia-DillonAddress: 531 Buffalo Avenue, Niagara Falls, NY 14303

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

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

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

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

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

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

**B. OFFICERS**President: Jeanne Battaglia-DillonAddress: 531 Buffalo Avenue, Niagara Falls, NY 14303

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

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

Secretary: Jeanne Battaglia-DillonAddress: 531 Buffalo Avenue, Niagara Falls, NY 14303

Treasurer: \_\_\_\_\_

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

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

13. Jeanne Battaglia-Dillon

(Signature of Director or Officer listed in number 12 of the application)

14. Jeanne Battaglia-Dillon, President

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

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JIMMYE CORPORATION  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of **MANAGED CARE NETWORK INC.** was filed on 12/07/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 12/04/2001.

A Biennial Statement was filed 03/12/2004.

I further certify, that no other documents have been filed by such Corporation.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 21st day of September  
two thousand and four.

Secretary of State

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TALLAHASSEE, FLORIDA