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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

RECEIVED
05 MAY 17 AM 11:09
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 17 AM 8:29

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FOREIGN PROFIT QUALIFICATION

FIRST MANAGED CARE OPTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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. First Managed Care Option, 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 3. 11-2616869
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/16/81 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None as of this date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 119 Littleton Road, Parsippany, NJ 07054
(Principal office address)

119 Littleton Road, Parsippany, NJ 07054
(Current mailing address)

8. Managed Care of Workers Compensation claimants
(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: Corporation Service Company

Office Address: 1201 Rays Street

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.

By: Elizabeth B. Komesany - Asst. V.P.
(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:

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A. DIRECTORS

Chairman: Patrick J. Lynch

Address: 119 Littleton Road
Parsippany, NJ 07054

Vice Chairman: Thomas Mooney

Address: 119 Littleton Road
Parsippany, NJ 07054

Director: Glenn Burns

Address: 119 Littleton Road
Parsippany, NJ 07054

Director: Joseph G. Glavin, Jr.

Address: 119 Littleton Road
Parsippany, NJ 07054

B. OFFICERS

President: Thomas Mooney

Address: 119 Littleton Road
Parsippany, NJ 07054

Vice President: Patrick J. Lynch

Address: 119 Littleton Road
Parsippany, NJ 07054

Secretary: Patrick J. Lynch

Address: 119 Littleton Road, Parsippany, NJ 07054

Treasurer: Glenn Burns

Address: 119 Littleton Road, Parsippany, NJ 07054

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

13. *Patrick J. Lynch*
(Signature of Director or Officer listed in number 12 of the application)

14. Patrick J. Lynch, Chairman
(Typed or printed name and capacity of person signing application)

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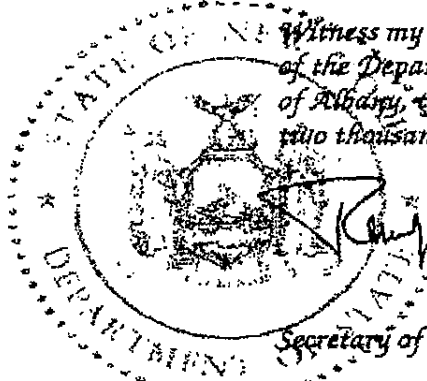
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**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of *FIRST MANAGED CARE OPTION, INC.* was filed on 03/16/1981, under the name of *INDIVIDUALIZED REHABILITATION PROGRAMS, INC.*, 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 an existing corporation.

A Certificate of Amendment *INDIVIDUALIZED REHABILITATION PROGRAMS, INC.*, changing its name to *FIRST MANAGED CARE OPTION, INC.*, was filed 03/27/1995.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of May
two thousand and five.



[Signature]
Secretary of State

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