

F05000004731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

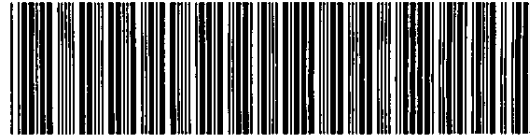
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2015 JUN 30 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2014

G. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2015

CORPORATION SERVICE COMPANY

SUBJECT: CORPHEALTH, INC.
Ref. Number: F05000004731

We have received your document for CORPHEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

F05000004731 IS A FOREIGN CORPORATION.

The attached form must be completed in order to file the document.

There is no provision for a foreign corporation to file an amendment to change officers and/or directors its first year of qualification. Please submit an Affidavit signed by an officer or director listing the titles, names, and addresses of the officers and/or directors. After the first year of qualification, changes can be made on the corporation annual report which is filed between January 1 and May 1 each year.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 415A00013336

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 677329 4352697

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : June 22, 2015

ORDER TIME : 3:17 PM

ORDER NO. : 677329-065

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: CORPHEALTH, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F05000004731

(Document number of corporation (if known))

1. Corphealth, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 08/15/2005
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 22, 2015

5. Humana Behavioral Health, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

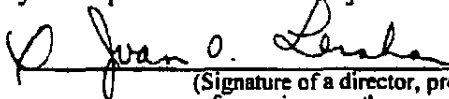
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joan O. Lenahan, Vice President & Corporate Secretary

(Typed or printed name of person signing)

Vice President

(Title of person signing)

2015 JUN-22 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Humana Behavioral Health, Inc.
Filing Number: 67175000

Restated Certificate of Formation

May 28, 2015

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 26, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10266

Dial: 7-1-1 for Relay Services
Document: 612940910003

Form 414
(Revised 09/13)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709

Filing Fee: See instructions



**Restated Certificate of
Formation
With New Amendments**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
MAY 28 2015
Corporations Section

Entity Information

The name of the filing entity is:

Corphealth, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is at: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 67175000

The date of formation of the filing entity is: September 16, 1983

Statement of Approval

Each new amendment has been made in accordance with the provisions of the Texas Business Organizations Code. The amendments to the certificate of formation and the restated certificate of formation have been approved in the manner required by the Code and by the governing documents of the entity.

Required Statements

The restated certificate of formation, which is attached to this form, accurately states the text of the certificate of formation being restated and each amendment to the certificate of formation being restated that is in effect, and as further amended by the restated certificate of formation. The attached restated certificate of formation does not contain any other change in the certificate of formation being restated except for the information permitted to be omitted by the provisions of the Texas Business Organizations Code applicable to the filing entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☐ This document becomes effective when the document is filed by the secretary of state.
- B. ☒ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: June 22, 2015
- C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent in the restated certificate of formation has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 5/28/2015

Humana Behavioral Health, Inc.

Name of entity (see Execution instructions)

Joan O. Lenahan

Signature of authorized individual (see instructions)

Joan O. Lenahan, Vice President & Corporate Secretary

Printed or typed name of authorized individual

Attach the text of the amended and restated certificate of formation to the completed statement form. Identify the attachment as "Restated Certificate of Formation of [Name of Entity]."

**RESTATED CERTIFICATE OF FORMATION
OF
HUMANA BEHAVIORAL HEALTH, INC.**

**ARTICLE I
NAME AND ENTITY TYPE**

The name of the entity is Humana Behavioral Health, Inc. The entity is a for-profit corporation.

**ARTICLE II
REGISTERED AGENT AND REGISTERED OFFICE**

The current registered agent is Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company and the business address of the registered agent and the registered office address is 211 E 7th St, Ste 620, Austin TX 78701-3218.

**ARTICLE III
DIRECTORS**

The number of directors constituting the current board of directors is three and the names and addresses of the people who are to serve as directors until the next annual meeting of the shareholders or until their successors are elected and qualified are as follows:

<u>Name</u>	<u>Address</u>
Bruce D. Broussard	500 W Main St, Louisville, KY 40202 c/o Corporate Secretary
James E. Murray	500 W Main St, Louisville, KY 40202 c/o Corporate Secretary
Roy A. Beveridge, M.D.	500 W Main St, Louisville, KY 40202 c/o Corporate Secretary

**ARTICLE IV
AUTHORIZED SHARES**

The total number of shares of Common Stock which this corporation is authorized to issue is 1,000, each with a par value of \$1.00.

**ARTICLE V
DURATION**

The period of duration is perpetual

ARTICLE VI PURPOSES

The purposes for which the corporation is formed are:

- (a) to establish, promote, maintain, and operate as a limited service health maintenance organization under the laws of the State of Texas, as now in effect and as hereafter amended, to exercise all rights, powers and privileges now or hereafter conferred upon limited service health maintenance organizations organized under the laws of the State of Texas; and
- (b) to operate a limited health care service plan providing coverage for limited health care services; and
- (c) to transact any and all other lawful business for which a for-profit corporation may be organized under the Texas Business Organizations Code and to exercise all rights, powers and privileges now or hereafter conferred upon a for-profit corporation by the Texas Business Organizations Code.