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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE MASTERS SUPPORTED SELF CARE, 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:

ATTN: LEGAL DEPARTMENT

(Name of Person)

LIFE MASTERS SUPPORTED SELF CARE, INC

(Firm/Company)

15635 ALTON PARKWAY, SUITE 400

(Address)

IRVINE, CA 92618

(City/State and Zip code)

For further information concerning this matter, please call:

DANIEL ROSTON

(Name of Person)

at (949) 789-6500

(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. LIFE MASTERS SUPPORTED SELF CARE, 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. CALIFORNIA 3. 94-320642B  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 23, 1994 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1, 2005  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5000 SHORELINE COURT, SUITE 300, SOUTH SAN FRANCISCO, CA 94080  
(Principal office address)

15635 ARDEN PARKWAY, SUITE 400, IRVINE, CA 92618  
(Current mailing address)

8. DISEASE 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: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(City) (Zip code)

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**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.

[Signature]  
(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** - *see attached list*

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

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

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

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

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

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

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

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

**B. OFFICERS** *see attached list*

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

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

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

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

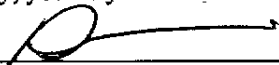
Secretary: \_\_\_\_\_

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

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

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

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

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. *Debra Morris - CFO* \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)



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## BOARD OF DIRECTORS

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<b>Annette M. Bianchi</b> Managing Director <u>VantagePoint Venture Partners</u> 1001 Bayhill Drive, Suite 300 San Bruno, CA 94066  Direct Phone: (650) 624-1537	<b>Layton R. Crouch</b> Managing Director <u>Pacific Venture Group</u> 16830 Ventura Boulevard, Suite 244 Encino, CA 91436  Phone: (818) 990-4141	<b>Kenneth E. Higgins</b> Managing Director <u>SightLine Partners</u> 50 South Sixth Street, Suite 1390 Minneapolis, MN 55402-7020  Direct Phone: (612) 465-0606	<b>Louis J. Lavigne, Jr.</b>  1158 Upper Happy Valley Road Lafayette, CA 94549  Office: (925) 299-1782
<b>Christobel E. Selecky</b> Executive Chairman <u>LifeMasters Supported SelfCare, Inc.</u> 15635 Alton Parkway, Suite 400 Irvine, CA 92618  Direct Phone: (949) 789-6541	<b>Ralph Snyderman, MD</b> Chancellor Emeritus <u>Duke University</u> DUMC Box 3059 Durham, NC 27710  Direct Phone: (919) 684-2345	<b>David R. Strand</b> President & Chief Executive Officer <u>LifeMasters Supported SelfCare, Inc.</u> 5000 Shoreline Court, Suite 300 South San Francisco, CA 94080  Direct Phone: (650) 829-5299	

Last update: June 29, 2005

**LifeMasters Supported SelfCare, Inc.**  
**Corporate Officers**

TITLE	NAME	ADDRESS	CITY	STATE	ZIP CODE
Vice President, Government Programs	Fromelt, Pam	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Vice President, Health Improvement Services	Fyfe, Angie	10989 Trade Center Drive, Suite 400	South Sacramento	CA	95670
Senior Vice President, Health Improvement Services and Human Resou	Hoffer, Gordon	111 Lomas Blvd NW, Suite 400	Albuquerque	NM	87102
Vice President, Engineering	Lau, Ronald W	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Chief Information Officer	Lewis, Mel	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Chief Medical Officer	Mathews, Meredith	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Chief Financial Officer	Morris, Debra	15635 Alton Pkwy, Suite 400	Irvine	CA	92618
Senior Vice President, Client Relations	Newell, Robert D.	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Executive Chairman	Selecky, Christobel	15635 Alton Pkwy, Suite 400	Irvine	CA	92618
President & Chief Executive Officer	Strand, David	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080
Vice President, Actuarial Services	Wright, Steven	5000 Shoreline Court, Suite 300	South San Francisco	CA	94080

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **23RD** day of **JUNE**, **1994**, **LIFEMASTERS SUPPORTED SELFCARE, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of **June 9, 2005**.



**BRUCE McPHERSON**  
Secretary of State