

FO6000000201

(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



900063291239

01/10/06--01075--001 **70.00

FILED

06 JAN 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 12 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHPS Health Management Solutions, 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:

Becky H. Sowders

(Name of Person)

SHPS, Inc.

(Firm/Company)

11405 Bluegrass Parkway

(Address)

Louisville, KY 40299

(City/State and Zip code)

For further information concerning this matter, please call:

Becky H. Sowders

(Name of Person)

at (502) 267-3224

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. SHPS Health Management Solutions, 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. Delaware

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

3. 95-3999237

(FEI number, if applicable)

4. 10/1/1986

(Date of incorporation)

5. perpetual

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

6. _____

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

7. 11405 Bluegrass Parkway, Louisville, KY 40299

(Principal office address)

11405 Bluegrass Parkway, Louisville, KY 40299

(Current mailing address)

8. medical management review organization

(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: National Registered Agents, Inc.

Office Address: 2731 Executive Park Drive, Ste. 4

Weston

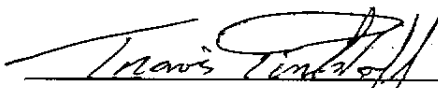
(City)

, Florida 33331

(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.



(Registered agent's signature)

TRAVIS PINKSTAFF ASST. SEC.

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:

FILED
06 JAN 10 AM 8:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: see attached

Address: _____

Director: _____

Address: _____

FILED
06 JAN 10 AM 8:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: see attached

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. David P. Haick
(Signature of Director or Officer listed in number 12 of the application)

14. David P. Haick, Secretary
(Typed or printed name and capacity of person signing application)

SHPS Health Management Solutions, Inc.

Officers and Directors..... David A. Nelson, President and Director
Merle A. Ryland, Vice President and Director
David P. Haick, Secretary and Director

Address for all: 11405 Bluegrass Parkway
Louisville, KY 40299

FILED
06 JAN 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

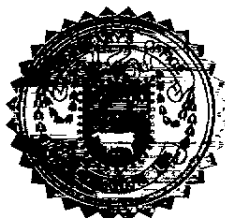
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHPS HEALTH MANAGEMENT SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHPS HEALTH MANAGEMENT SOLUTIONS, INC." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 1987.

FILED
06 JAN 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2122647 8300

050969412

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4364036

DATE: 12-12-05