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(Address)

(City/State/Zip/Phone #)

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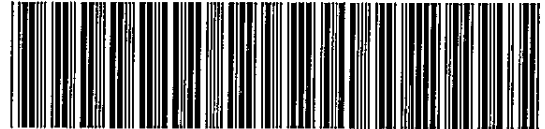
(Business Entity Name)

(Document Number)

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January 17, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

First Health Plus Managed Care Services, Inc.

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**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 Health Plus Managed Care Services, 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. 68-0303353  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 8, 1992 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual)

6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6705 Rockledge Drive, Bethesda, MD 20817  
(Principal office address)

same as above  
(Current mailing address)

8. any and/or all lawful business  
(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 or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331  
(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.*

NRAI Services, Inc.

By: B. April Brady  
(Registered agent's signature)

B. April Brady, Asst. Secretary

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: See Attachment

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

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

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

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

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

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

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

**B. OFFICERS**

President: See Attachment

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

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

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

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

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

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

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

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**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. Shirley R. Smith, Asst. Secretary

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

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TALLAHASSEE, FLORIDA

**First Health Plus Managed Care Services, Inc.**

**Officers & Directors**

<u>Name</u>	<u>Office/Title</u>	<u>Business Address</u>
Thomas Paul McDonough	Director	6705 Rockledge Dr., Bethesda, MD 20817
Shawn Michael Guertin	Director	6705 Rockledge Dr., Bethesda, MD 20817
James Edward McGarry	Director	6705 Rockledge Dr., Bethesda, MD 20817
Thomas Paul McDonough	President/CEO	6705 RockledgeDr., Bethesda, MD 20817
James E. McGarry	Executive VP/COO	
Thomas M. Mastri	Vice President/CFO/Treasurer	6705 RockledgeDr., Bethesda, MD 20817
Arthur J. Lynch	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Martin A. Sholder	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Karyn R. Glogowski	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Mary L. Baranowski	Vice President	6705 RockledgeDr., Bethesda, MD 20817
Shirley Ann Roquemore Smith	Secretary	6705 RockledgeDr., Bethesda, MD 20817
Jonathan D. Weinberg	Assistant Secretary	6705 RockledgeDr., Bethesda, MD 20817
David J. Blasi	Assistant Secretary	6705 RockledgeDr., Bethesda, MD 20817
G. Kenneth Robinson, III	Assistant Treasurer	6705 RockledgeDr., Bethesda, MD 20817
John J. Stelben	Assistant Treasurer	6705 RockledgeDr., Bethesda, MD 20817
John Ruhlmann	Controller	6705 RockledgeDr., Bethesda, MD 20817
John Cornelius Langenus	Senior Vice President	6705 RockledgeDr., Bethesda, MD 20817