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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cost 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:

Gail Rauck

(Name of Person)

WellPoint, Inc.

(Firm/Company)

120 Monument Circle

(Address)

Indianapolis, IN 46204

(City/State and Zip code)

For further information concerning this matter, please call:

Judy Statom at ( 317 ) 488-6321  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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. Cost 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. Massachusetts 3. 33-0413979  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/10/1990 5. perpetual  
(Date of incorporation) (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. 120 Monument Circle, Indianapolis, IN 46204  
(Principal office address)

120 Monument Circle, Indianapolis, IN 46204  
(Current mailing address)

8. utilization review services corporation  
(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)

**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.*



**Robert S. Lane**  
**Assistant Secretary**

(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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Alan B. Rosenberg, M.C.

Address: 120 Monument Circle, Indianapolis, IN 46204

Vice Chairman: n/a

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

Director: Angela F. Braly

Address: 120 Monument Circle, Indianapolis, IN 46204

Director: David C. Colby

Address: 120 Monument Circle, Indianapolis, IN 46204

**B. OFFICERS**

President: Alan B. Rosenberg, M.D.

Address: 120 Monument Circle, Indianapolis, IN 46204

Vice President: n/a

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

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SECRETARY OF STATE

Secretary: Nancy L. Purcell

Address: 120 Monument Circle, Indianapolis, IN 46204

Treasurer: R. David Kretschmer

Address: 120 Monument Circle, Indianapolis, IN 46204

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

13. Nancy L. Purcell  
(Signature of Director or Officer listed in number 12 of the application)

14. Nancy L. Purcell, Secretary  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

**June 26, 2006**

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**COST CARE, INC**

is a domestic corporation organized on **May 10, 1990**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth