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(Requestor's Name)

(Address)

(Address) ..

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

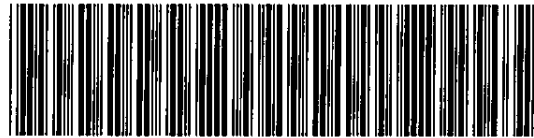
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820 Parish Street • Pittsburgh, PA 15220 • (412) 922-2803 • FAX (412) 922-3071
www.mcoa.com

July 5, 2006

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FLORIDA

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

**RE: APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA FOR:
MANAGED CARE OF AMERICA, INC.
TAX ID#: 20-3656441**

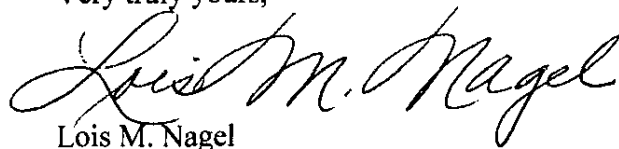
TO WHOM IT MAY CONCERN:

Enclosed for filing with the Florida Department of State with respect to the above-captioned matter are the following:

1. Completed Cover Letter for the New Filing Section, Division of Corporations;
2. Our corporation's Check # 3937 in the amount of \$78.75 representing the \$ 70 filing fee and \$ 8.75 for a Certificate of Status;
3. Our completed Application By Foreign Corporation For Authorization To Transact Business In Florida; and
4. An original Certificate of Existence.

If you have any questions concerning this correspondence, please contact our office.

Very truly yours,


Lois M. Nagel

LMN:

Enclosures

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Managed Care of America, 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:

Lois M. Nagel
(Name of Person)
Managed Care of America, Inc.
(Firm/Company)
820 Parish Street
(Address)
Pittsburgh, PA 15220
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lois M. Nagel at (412) 922-2803x144
(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. Managed Care of America, 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. Pennsylvania

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

3. 20-3656441

(FEI number, if applicable)

4. 10/14/2005

(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. 820 Parish Street, Pittsburgh, PA 15220

(Principal office address)

820 Parish Street, Pittsburgh, PA 15220

(Current mailing address)

8. This corporation is organized for the purpose of transacting any and 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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

32301

(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.

Kelley C. Kylan, Asst. 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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FLORIDA
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Phyllis L. H. Shehab; Charles E. Davidson and Dennis A. Casey

Address: 820 Parish Street, Pittsburgh, PA 15220

Director: Jay R. Ver Hulst

Address: 250 E. Broad Street, Suite 600, Columbus, OH 43215

B. OFFICERS

President: Charles E. Davidson

Address: 820 Parish Street

Pittsburgh, PA 15220

Vice President: Dennis A. Casey

Address: 820 Parish Street

Pittsburgh, PA 15220

Secretary: _____

Address: _____

Treasurer: Dennis A. Casey

Address: 820 Parish Street

Pittsburgh, PA 15220

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. **CHARLES E. DAVIDSON, PRESIDENT**

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

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 29, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MANAGED CARE OF AMERICA, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortes

Secretary of the Commonwealth

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