

Division of Corporations Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000220909 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

Prome

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number : (850)878-5926

### FOREIGN PROFIT/NONPROFIT CORPORATION

OptiCare Managed Vision, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/5/2006

20/10 30A9

CT CORP

8202224615

89:91 9007/90/60

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAGE BUSINESS IN FLORIDA

| tiCare Managed Vision, Inc.  |   |   |  |
|--|---|---|--|
| inter name of corporation; must include "INCORPORAT<br>nc.," "Co.," "Corp," "Inc." "Co," or "Corp.")   | TED," "CÓA  | (PANY," "CORPORA  | TION,"   |
| f name utavailable in Florida, enter alternate corporate n   | ame adopted   | for the purpose of trans  | acting business in Florida)  |
| Delaware   | 3. 20-473   | 0341  |  |
| State or country under the law of which it is incorporated)  |   | (FEI number, it   | applicable)  |
| 03/27/2006   | 5. Perpen   | lai   |  |
| (Date of incorporation)  |   |   | use to exist or "perpetual")   |
|  |   |   |  |
| (Date first transacted busin<br>(SEE SECTIONS 607.1501 & 6   |   |   |  |
| 12 Zebulon Court, Rocky Mount, NC 27804  |   |   |  |
| (Principal office  | address)  |   |  |
|  |   |   |  |
| (Current mailing   | nt administra   |   |  |
| Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:   | nt administra   | be carried out in state (   |  |
| (Current mailing Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:  CT Corporation System   | or country to   | be carried out in state (   |  |
| (Current mailing Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:  | or country to   | be carried out in state (   |  |
| Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:  Name:  CT Corporation System   | or country to   | be carried out in state on NOT acceptable)  |  |
| (Current mailing Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:  CT Corporation System  Name:  1200 South Pine Island Rose   | or country to   | be carried out in state (   |  |
| (Current mailing Contract with third party payers to manage claims payme (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent:  Name:  CT Corporation System  1200 South Pine Island Rose  Plantation   | or country to  (P.O. Box  in the service of projectment as service as particular as services of projects as services of projects relative | NOT acceptable)  Florida 33324  (Zip code)  rocess for the above s registered agent and to the proper and cost                    | of Florida)<br>tated corporation at the<br>agree to act in this cap                            |
| Contract with third party payers to manage claims payme  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered agent:  Name:  CT Corporation System  1200 South Pine Island Rose  Plantation  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept a signated in this application; it kereby accept the apparather agree to comply with the provisions of all state of I am familiar with and accept the obligations of me | or country to  (F.O. Box  service of productive as the relative ty position to  | NOT acceptable)  Florida 33324  (Zip code)  rocess for the above s registered agent and to the proper and costs registered agent. | of Florida)<br>tated corporation at the<br>agree to act in this cap<br>aplete performance of a |
| Contract with third party payers to manage claims payme  (Purpose(s) of corporation authorized in home state  Name and street address of Florida registered agent:  Name:  CT Corporation System  1200 South Pine Island Rose  Plantation  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept the inguity accept the application. I kereby accept the application of all state of I am familiar with and accept the obligations of me                                 | or country to  (F.O. Box  service of productive as the relative ty position to  | NOT acceptable)  Florida 33324  (Zip code)  rocess for the above s registered agent and to the proper and costs registered agent. | of Florida)<br>tated corporation at the<br>agree to act in this cap                            |

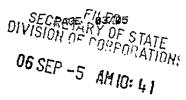
under the law of which it is incorporated.

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

PLDIS - 03/03/2006 CT System Online

09/05/2006 13:34 3148630794

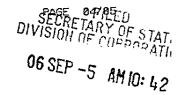
. .



| A. DIRECTORS  | •                |
|---|------------------|
| Cheirman: See Attached  |                  |
| Address:  |                  |
|   |                  |
| ice Chairman:   |                  |
| Address:  |                  |
|   |                  |
| pirector:   |                  |
| ddress:   |                  |
|   | <del></del> : -= |
| vinector;   |                  |
| ddress:   |                  |
|   | <del></del> ·    |
| . OFFICERS  |                  |
| resident: See Attached  |                  |
| ddress:   |                  |
|   |                  |
| lice President:   | <del></del>      |
| ddress:   |                  |
|   |                  |
| ecrotary:   |                  |
| ddress:   |                  |
| rearnier:   |                  |
| uddress;  |                  |
| TOPPIC VE   |                  |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |                  |
| 3. (Signature of Director or Officer listed in number 12 of the application)                                    |                  |
| 4. Jennifer Spears, Secretary   |                  |
| (Typed or printed name and capacity of person signing application)  |                  |

PLOTO - 02/03/2004 C T System Online

09/05/2006 13:34 3148630794



#### List of Officers/Directors OptiCare Managed Vision, Inc.

Jason Harold, President 112 Zebulon Court Rocky Mount, NC 27804 Residence Address: 1814 Green Valley Lane Rocky Mount, NC 27804

William N. Scheffel, Vice President/Director 7711 Carondelet Avenue, Stc. 800 St. Louis, MO 63105 Residence Address: 111 Clayton Place Drive Town & Country, MO 63131

Jennifer Spears, Secretary 7711 Carondelet Avenue, Ste. 800 St. Louis, MO 63105 Residence Address: 1 Hunting Creek Road St. Peters, MO 63376

Brian Butts, Treasurer 7711 Carondelet Avenue, Ste. 800 St. Louis, MO 63105 Residence Address: 9324 Pine Avenue St. Louis, MO 63144

Tricia Dinkelman, Director of Tax 7711 Carondelet Avenue, Ste. 800 St. Louis, MO 63105 Residence Address: 912 Kimberly Lane Waterloo, IL 62298 Michael F. Neidorff, Director 7711 Carondelet Avenue, Ste. 800 St. Louis, MO 63105 Residence Address: 76 Overhills Drive St. Louis, MO 63124

J. Per Brodin, Director
7711 Carondelet Avenue, Ste. 800
St. Louis, MO 63105
Residence Address:
10 Cricket Ln.
St. Louis, MO 63144

09/05/2006 13:34 3149630794



# Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OFFICARE MANAGED VISION, 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 FIFTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTICARE MANAGED VISION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2006.

4132453 8300

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5018687

DATE: 09-05-06

060819853