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J. Ethners JAN 0 9 200T

## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Pacific Medicaid Services, 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:				
Christina Gamache				
(Name of Person)				
Pacific Medicaid Services, Inc.				
(Firm/Company)				
1120 Cherry Street, Suite 300				
Seattle, WA 98104				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Christina Gamache at ( 206 ) 215-2333				
(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 \$\ \times \text{\$78.75 Filing Fee & }\ \text{\$78.75 Filing Fee & }\ \text{\$Certified Copy}\$\$\$ Certified Copy \$\ \text{Certified Copy}\$\$\$ 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 FO	REIGN CORPORATION TO TRANSAC	T BUSINESS IN THE STATE OF FLORI	IDA.
	Medicaid Services, Inc.	D " "COMPANY " "CORPORATION "	
	Corp," "Inc," "Co," or "Corp.")	b, com and, cold oration,	
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting bu	siness in Florida)
<sub>2</sub> Washing		3. 91-1729346	onicos in Crotiany
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4 June 3, 1996		<sub>s</sub> Perpetual	
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7 1120 Che	erry Street, Suite 300, S	eattle, WA 98104	
/· <u> </u>	(Principal office a		
same as			
	(Current mailing a	address)	
。 nrovide i	uncompensated care ma	nagement services	07 SEC
		country to be carried out in state of Florida	
9. Name and street	et address of Florida registered agent: (1	P.O. Box NOT acceptable)	4 8 EEE
Name:	C T Corporation Syste		PIE PIE
	1200 South Pine Islan		PHIZ: 55
Office Address:			DA S
<b>L</b> .	Plantation	, Florida 33324	
	(City)	(Zip code)	
Registered a	gent's acceptance:		
yin this	ied as registered agent and to accept se application, I hereby accept the appoi	rvice of process for the above stated cor ntment as registered agent and agree to	poration at the act in this cap
to c	omply with the provisions of all statute	s relative to the proper and complete pe	
N W	r with and accept the obligations of my	position as registerea agent.	
1	11. Dec attached		
N.	the under (Registered agent's signatu	re)	
<b>V</b>	tence duly authenticate	ed, not more than 90 days prior to delive	
<i>Y.</i>	*ary of State or other	official having custody of corporate rec	ords

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Gregory M. Moga, III Address: 1120 Cherry Street, Suite 300 Seattle, WA 98104 Vice Chairman: Director: B. OFFICERS President: Gregory M. Moga, III Address: 1120 Cherry Street, Suite 300 Seattle, WA 98104 Vice President: Corey Shank Address: 819 W. Seventh Ave Spokane, WA 99204 Secretary: Gregory M. Moga, III Address: 1120 Cherry Street, Suite 300, Seattle, WA 98104 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director of Officer listed in number 12 of the application) 14 Gregory M. Moga, III, President

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

#### **FLORIDA**

#### CONSENT TO APPOINTMENT AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Pacific Medicaid Services, Inc.

December 26, 2006

LACK CASKEY

ASSISTANT VICE PRESIDENT C T CORPORATION SYSTEM

T CORPORATION SYSTEM



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** PACIFIC MEDICAID SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/3/1996.

I FURTHER CERTIFY that as of the date of this certificate, PACIFIC MEDICAID SERVICES, INC. remains active and has complied with the filing requirements of this office.

Date: December 29, 2006

UBI: 601-723-885

KATERIA.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State