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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

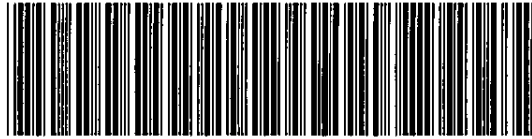
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DIVISION OF CORPORATIONS
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MD 3/8
11207-1851



ENCOMPASS
Health Management Systems

A subsidiary of IFMC

6000 Westown Parkway
West Des Moines, Iowa 50266-7771
(515) 223-2900

January 4, 2007

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the completed application for ENCOMPASS to become a Foreign Entity in the state of Florida and the filing fee of \$87.50.

ENCOMPASS was informed of the need to become a foreign entity during the recent application to remain licensed as a Utilization Review Agent. Serving as a Health Management Organization, ENCOMPASS performs telephonic utilization/medical necessity reviews for insureds who reside in Florida. The insureds' health insurance company may or may not be located in Florida. ENCOMPASS is located in West Des Moines, IA and does not have a business address in Florida, therefore *Item 10 Registered agent's acceptance*, would not apply.

If you have any questions or require additional information, please contact me at (515) 273-8702 or mlinder@encompas.com.

Sincerely,

Melissa Linder
Manager, Quality Management and Compliance

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2007

ENCOMPASS HEALTH MANAGEMENT SYSTEMS, INC.
6000 WESTOWN PARKWAY
DES MOINES, IA 50266-7771

SUBJECT: ENCOMPASS CORPORATION
Ref. Number: W07000001851

We have received your document for ENCOMPASS CORPORATION and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

Your check is being returned as it is not payable to this office. Please make your check payable to the Secretary of State and return it in order to complete your filing.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The information listed on line #8 (purpose) needs to be enlarged as it is not legible for imaging.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Maryanne Dickey

Document Specialist Supervisor

Letter Number: 107A00002774



ENCOMPASS
Health Management Systems

A subsidiary of IFMC

6000 Westown Parkway
West Des Moines, Iowa 50266-7771
(515) 223-2900

February 27, 2007

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

RE: ENCOMPASS Corporation
Ref. Number: W07000001851

Enclosed is ENCOMPASS' completed application by Foreign Corporation for Authorization to Transact Business in Florida.

If you have any questions or require additional information, please contact me at (515) 273-8702.

Sincerely,

Melissa Linder
Manager, Quality Management and Compliance

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ENCOMPASS Corporation (aka ENCOMPASS Health Management Systems)
(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:

Melissa Linder, Manager

(Name of Person)

ENCOMPASS Corporation (aka ENCOMPASS Health Management Systems)

(Firm/Company)

6000 Westown Parkway, Ste 350E

(Address)

West Des Moines, IA 50266

(City/State and Zip code)

For further information concerning this matter, please call:

Melissa Linder, Manager at (515) 273-8702

(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. **ENCOMPASS Corporation**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ENCOMPASS Health Management Systems CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **IOWA**

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

3. **42-0992483**

(FEI number, if applicable)

4. **November 17, 1994**

(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. **6000 Westown Parkway, Ste 350E, West Des Moines, IA 50266**

(Principal office address)

6000 Westown Parkway, Ste 350E, West Des Moines, IA 50266

(Current mailing address)

8. **Telephonic Utilization/Medical Necessity Reviews for Insurance Carriers**

(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: C T Corporation System

Office Address: 1200 South 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.

C T Corporation System

By: _____

(Registered agent's signature)

James M. Halpin

Assistant 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:

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Don Lovasz, CEO/President

Address: 6000 Westown Parkway, Ste 350 E West Des Moines, Ia 50266

Vice President: Keith Vander Kolk, Vice President

Address: 6000 Westown Parkway, Ste 350E West Des Moines, IA 50266

Secretary: Denise Strum, Chief Financial Officer

Address: 6000 Westown Parkway, Ste 350E West Des Moines, IA 50266

Treasurer: _____

Address: _____

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

13. Donald Lovasz

(Signature of Director or Officer listed in number 12 of the application)

14. Donald Lovasz, CEO/President

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

**IOWA SECRETARY OF STATE
MICHAEL A. MAURO**



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Date: 02/23/2007

CERTIFICATE OF EXISTENCE

Name: ENCOMPASS CORPORATION (490 DP - 105034)

Date of Incorporation: 10/24/1985

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS11889

To validate this certificate please visit
the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

Michael A. Mauro

MICHAEL A. MAURO

SECRETARY OF STATE