

FD 7000002237

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Medassurant, Inc.

Certificate of Status	0
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MRD 4/26

**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. MEDASSURANT, 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. Delaware

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

3. 71-1017974

(FEI number, if applicable)

4. 12/08/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 180 Admiral Cochrane Drive, Suite 400, Annapolis, MD 21401

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(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

(City)

Florida

33324

(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: ANN J. WILLIAMS

(Registered agent's signature)

ANN J. WILLIAMS

Assistant Vice President

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:

A. DIRECTORS

Chairman: Keith Dunleavy

Address: 180 Admiral Cochrane Drive, Ste 400

Annapolis, MD 21401

Vice Chairman: Raymond Walheim

Address: 180 Admiral Cochrane Drive, Ste 400

Annapolis, MD 21401

Director: Richard Lasch

Address: 180 Admiral Cochrane Drive, Ste 400

Annapolis, MD 21401

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Keith Dunleavy

Address: 180 Admiral Cochrane Drive, Ste 400

Annapolis, MD 21401

Vice President: Raymond Walheim

Address: 180 Admiral Cochrane Drive, Ste 400

Annapolis, MD 21401


Secretary: Raymond Walheim

Address: 180 Admiral Cochrane Drive, Ste 400, Annapolis, MD 21401

Treasurer: Keith Dunleavy

Address: 180 Admiral Cochrane Drive, Ste 400, Annapolis, MD 21401

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. Raymond Walheim, Secretary
(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Purpose Clause**

Healthcare data abstraction, verification, and analysis services and the provision of solutions to address matters of quality of care, healthcare business analytics, cost improvement and containment, risk adjustment, clinical outcomes analysis, and healthcare data and personnel credentials verification medical record and site review.

Officers & Directors

- | | | |
|---|-------------------|-------------------------------------|
| 1 | Full Name: | Grey McLean |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | 180 Admiral Cochrane Drive, Ste 400 |
| | City: | Annapolis |
| | State: | MD |
| | ZIP Code: | 21401 |
| 2 | Full Name: | Daniel Rizzo |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | 180 Admiral Cochrane Drive, Ste 400 |
| | City: | Annapolis |
| | State: | MD |
| | ZIP Code: | 21401 |

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDASSURANT, 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 TWENTY-THIRD DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5615372

DATE: 04-23-07