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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Cindy Harris

FOREIGN PROFIT/NONPROFIT CORPORATION

CBCA CARE MANAGEMENT, INC.

Certificate of Status	0
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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. CBCA Care Management, 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. New York

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

3. 11-3290327

(FEI number, if applicable)

4. September 19, 1995

(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. 4099 McEwen, Suite 500, Dallas, TX 75244

(Principal office address)

4099 McEwen, Suite 500, Dallas, TX 75244

(Current mailing address)

8. Health Care Services

(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)

, Florida **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.

Corporation Service Company

By: Cynthia L. Harris

(Registered agent's signature)

Cynthia L. Harris
Asst. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Chris Edward Paterson

Address: 4401 NW 124th Avenue
Coral Springs, FL 33065

Vice Chairman: _____

Address: _____

Director: Glen Arthur Spence

Address: 4401 NW 124th Avenue
Coral Springs, FL 33065

Director: _____

Address: _____

B. OFFICERS

President: Chris Edward Paterson

Address: 4401 NW 124th Avenue
Coral Springs, FL 33065

Vice President: and CFO - Glen Arthur Spence

Address: 4401 NW 124th Avenue
Coral Springs, FL 33065

Secretary: Kim Marie Braxl

Address: 4401 NW 124th Avenue, Coral Springs, FL 33065

Treasurer: _____

Address: _____

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)

CHRIS E. PATERSON

14. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA .

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of CBCA CARE MANAGEMENT, INC. was filed on 09/19/1995, under the name of MANAGED STRATEGIES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment MANAGED STRATEGIES, INC., changing its name to USI CARE MANAGEMENT OF NY, INC., was filed 01/22/1998.

A Certificate of Amendment USI CARE MANAGEMENT OF NY, INC., changing its name to USI CARE MANAGEMENT, INC. , was filed 12/16/1999.

A Certificate of Amendment USI CARE MANAGEMENT, INC. , changing its name to CBCA CARE MANAGEMENT, INC., was filed 08/02/2002.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of May
two thousand and seven.*

Daniel Shapiro
Special Deputy Secretary of State