

FROM : FLORIDA FILING

FAX NO. : 850 216 0460

NOV 28 2007 12:30 PM P1

Division of Corporations

Page 1 of 1

Florida Department of State
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.

((H07000287629 3)))



H070002876293ABC8

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) 617-6381

From:

Account Name : FLORIDA FILING & SEARCH SERVICES
Account Number : I20000000189
Phone : (850) 216-0457
Fax Number : (850) 216-0460

FILED
07 NOV 28 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

VERICARE MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H 0 7 0 0 0 2 8 7 6 2 9

07 NOV 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN 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. **VERICARE MANAGEMENT, INC.**(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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.

(FEI number, if applicable)

4. **06/30/94**

(Date of incorporation)

5.

PERPETUAL

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

6. **1/1/07**(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)7. **4715 VIEWRIDGE AVENUE, SUITE 230, SAN DIEGO, CA 92123**

(Principal office address)

(SAME AS ABOVE)

(Current mailing address)

8. Administration of professional corporation that provides mental health services to patients residing in nursing homes.

(Purpose(s) of corporation authorized to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)Name: **National Corporate Research, Ltd., Inc.**Office Address: **515 East Park Avenue****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.
(Registered agent's signature)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.

7 0 0 0 2 8 7 6 2 0

H 0 7 0 0 0 2 8 7 6 2 9

07 NOV 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature]

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

14. Dan Budd, Assistant Secretary

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

H 0 7 0 0 0 2 8 7 6 2 9

H 0 7 0 0 0 2 7 6 2 9

07 NOV 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA*Attachment to**Application By Foreign Corporation For Authorization to Transact Business In Florida**Vericare Management, Inc.*

12.

A. DIRECTORS

Name	Address
Thomas P. Cooper, M.D. (Chairman)	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
David C. Flaugh	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
David Ward	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
C. Sage Givens	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
Kip Hallman	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
Richard Matros	4715 Viewridge Ave, Suite 230, San Diego, CA 92123

B. OFFICERS

Name	Title	Address
David C. Flaugh	President, CEO and CFO	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
Dan Budd	Assistant Secretary	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
Donnis Walsh	Secretary	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
David Zimmerman	Vice President, Clinical Operations	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
Liz Sondhaus	Vice President, Provider Development and Human Resources	4715 Viewridge Ave, Suite 230, San Diego, CA 92123
William Haffey	Chief Clinical Officer	4715 Viewridge Ave, Suite 230, San Diego, CA 92123

H 0 7 0 0 0 2 7 6 2 9

H 0 7 0 0 0 2 8 7 6 2 9

07 Nov 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERICARE MANAGEMENT, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERICARE MANAGEMENT, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 1994.

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.

2410247 8300

071216796

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6154905

DATE: 11-13-07

H 0 7 0 0 0 2 8 7 6 2 9