

F10000004019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

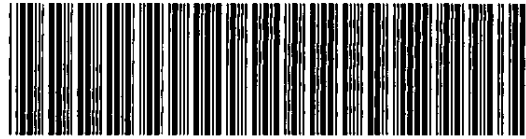
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/10--01010--007 **70.00

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TALLAHASSEE, FLORIDA

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J. Stivers SEP 09 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ComplexCare Solutions, 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," or "Certificate of Good Standing" 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:

Lynn Woerner
Name of Person

ComplexCare Solutions, Inc.
Firm/Company

1220 N. Market St., Ste 850
Address

Wilmington, DE 19801
City/State and Zip code

delawarelist@lawdeb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Woerner at (302) 482-4270
Name of Person Area Code & Daytime Telephone Number

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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. ComplexCare Solutions, 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. _____

(FBI number, if applicable)

4. April 27, 2010

(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. 30 Waterside Dr., Ste 301, Farmington, CT 06032

(Principal office address)

30 Waterside Dr., Ste 301, Farmington, CT 06032

(Current mailing address)

8. Complex care management services for individuals part of a health plan

(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)

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

A. DIRECTORS

Chairman: John Randazzo

Address: 30 Waterside Drive, Suite 301
Farmington, CT 06032

Vice Chairman: Mark Blackburn

Address: 30 Waterside Drive, Suite 301
Farmington, CT 06032

Director: John Randazzo

Address: 30 Waterside Drive, Suite 301
Farmington, CT 06032

Director: Mark Blackburn

Address: 30 Waterside Drive, Suite 301
Farmington, CT 06032

B. OFFICERS

President: Mark Blackburn

Address: 30 Waterside Drive, Suite 301
Farmington, CT 06032

Vice President: _____

Address: _____

Secretary: Mark Blackburn

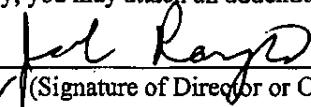
Address: 30 Waterside Drive, Suite 301, Farmington, CT 06032

Treasurer: _____

Address: _____

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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. JOHN RANDAZZO - CHIEF EXECUTIVE OFFICER
✓ (Typed or printed name and capacity of person signing application) DIRECTOR

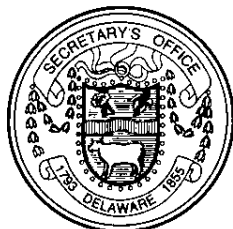
Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLEXCARE SOLUTIONS, 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 THIRD DAY OF SEPTEMBER, A.D. 2010.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8209109

DATE: 09-03-10