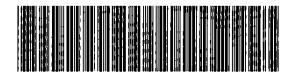
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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
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| | | · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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DIVIDIUM OF BURNING ANDING



COVER LETTER

| TO: | New Filing Solution of C | | | | | |
|--|--------------------------|---|--|--|--------------------|---------------------|
| SUBJ | JECT: | Prir | maris Corporation | | | |
| | | Name of Corpora | ition – must include suff | ix | | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | ficate of Existend | tion by Foreign Not for Proce", or "Cerificate of Good on to conduct its affairs in | Standing" and check are | orization to Conduct its Affairs in submitted to register the above re | Florida ference | a", ed |
| Please | return all corres | pondence concerning this r | natter to the following: | | | |
| | | | Roger Klebba | | | |
| | | | Name of Person | | | |
| | | F | Primaris Corporation | | | |
| | | | Firm/Company | | | |
| | | | 200 N Keene St | ··· | | |
| | | | Address | | | |
| | | 0 | alumbia MO 65001 | | | |
| | | | olumbia, MO 65201 City/State and Zip Code | | | |
| | | rklebba@ | primaris.org | | | |
| | E-n | nail address: (to be used for | | lification) | | |
| For fu | rther information | concerning this matter, ple | ease call: | | | |
| | | Klebba a | · | 17-8300 x149 ne Telephone Number | 2010 S | 31816 335 335 |
| | ivaine : | or reison | Area Code & Daytin | ie Telephone Number | SEP : | |
| MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | New Fili Division Clifton E 2661 Ex | r/COURIER ADDRESS: ng Section of Corporations Building ecutive Center Circle see, FL 32301 | 22 PM 4:09 | F CORPORATION | |
| Enclos | sed is a check for | the following amount: | | | | |
| √ \$7 | 0.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee Certified Copy | * & S87.50 Filing Fee, Certificate of Status & Certified Copy | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2010

ROGER KLEBBA 200 N KEENE STREET COLUMBIA, MO 65201

SUBJECT: PRIMARIS CORPORATION

Ref. Number: W10000032111

We have received your document for PRIMARIS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25

Please have a person sign for the corporation listed as Registered Agent. The corporation can not sign for itself.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 610A00016502

2810 SEP 22 PM 4: 09

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO **CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| | lame of corporation: must include the word "IN aport in language as will clearly indicate that it is the name at present. "Company" or "Co." may a Missouri | | | | | |
|----------|---|--|------------------------------------|---------------------------|-------------------|-----------|
| 2 | Missouri (State or country under the law of which it is in | corporated) | (FEI number, | if applicable) | | |
| 4 | 02/01/1983 (Date of Incorporation) | 5. perpetual (Duration: Year corp. will cease to exist or "perpetual") | | petual") | | |
| 6. (Ī | Date first conducted affairs in Florida if prior to reg | 7/23/2009 gistration. See sections | 617.1501 & 617.1502 | P., F.S, to determine per | nalty liability.) |) |
| 7 | 200 N Kee | ene St, Columbi (Principal office ac | a, MO 65201 dress) | | | |
| | | same as abov | | | | |
| - | | (Current mailing | address) | | 2 | ري |
| 8. (T | He Purpose(s) of corporation authorized in home sta | ealth Care Cons | ulting wried out in the state o | of Florida) | 2010 SEP | SECRET |
| 9. N | Name and street address of Florida registered | d agent: (P.O. Box | NOT acceptable) | | 22 PM | ARY OF |
| | Name: Incorp Services, Inc. | | | | Ë | YOU SHALL |
| Off | ice Address: 17888 67th Court North | | | | 9 | 1 |
| | Loxahatchee (City) | , Flo | | 70 (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.

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

FIGURE STATE
SECRETARY OF STATE
DIVISION OF CORPORATEORS

A. DIRECTORS

2010 SEP 22 PM 4: 09

| Chairman: 1 | Kenneth E. Ross, DO |
|--------------|--|
| Address: #4 | 4 Ponder Executive Plaza, House Springs, MO 63051 |
| | |
| Vice Chairn | nan: James T Rogers, MD, FACP |
| Address: 2 | 115 S. Fremont Avenue, Suite 2300, Springfield, MO 65804 |
| | |
| Director: Ti | mothy J. Schultz, CPA, Ex officio |
| Address: 20 | 00 N Keene St, Columbia, MO 65201 |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFIC | CERS |
| President: | |
| Address: | |
| | |
| Vice Preside | ent: |
| Address: | |
| | |
| Secretary: E | Bruce Williams, DO |
| Address: 10 | 087 South Shore Drive, Lake Waukomis, MO 64151 |
| Treasurer: L | _ent C. Johnson |
| Address: 10 | 00 Medical Drive, Hannibal, MO 63401 |
| NOTE: | |
| NOTE: If | necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13 | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. | Timothy J. Schultz |
| | (Typed or printed name and capacity of person signing application) |

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

PRIMARIS N00028839

was created under the laws of this State on the 1st day of February, 1983, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 26th day of May, 2010

Secretary of State

Certification Number: 12866827-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp