

F11000001177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

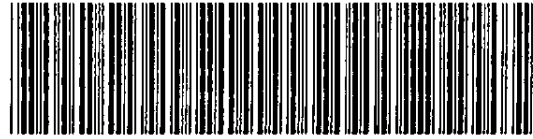
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 17 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Correctional Healthcare Physicians II, P.C.

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:

Crystal Garrett

Name of Person

Correctional Healthcare Companies, Inc.

Firm/Company

6200 S.Syracuse Way, Suite 440

Address

Greenwood Village, CO 80111

City/State and Zip code

Crystal.Garrett@jailcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Garrett

Name of Person

at (720) 622-8037

Area Code & Daytime Telephone Number

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

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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. Correctional Healthcare Physicians II, P.C.
(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. Missouri 3. 27-2385704
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/16/10 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111
(Principal office address)

Same
(Current mailing address)

8. Administer healthcare 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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(City) (Zip code)

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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.

Hiedi M. Liesch
(Registered agent's signature)
Hiedi Liesch
Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Larry Wolk

Address: 6200 S. Syracuse Way, Ste 440

Greenwood Village, CO 80111

Director: _____

Address: _____

B. OFFICERS

President: Larry Wolk

Address: 6200 S. Syracuse Way, Ste 440

Greenwood Village, CO 80111

Vice President: _____

Address: _____

Secretary: Larry Wolk

Address: 6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111

Treasurer: Larry Wolk

Address: 6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111

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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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Larry Wolk

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

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

2011 MAR 15 PM 12:40
OFFICE HALLWAY 1400
TALLAHASSEE, FLORIDA

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

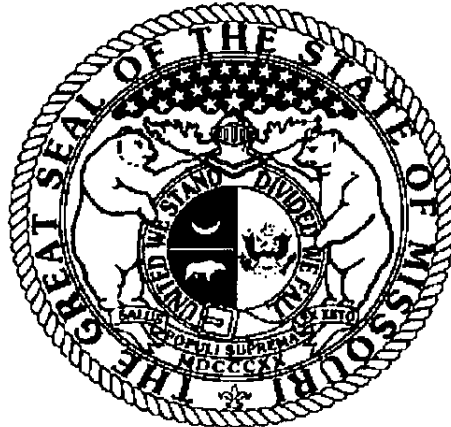
CORRECTIONAL HEALTHCARE PHYSICIANS II, P.C.
P01051779

was created under the laws of this State on the 16th day of April, 2010, 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 11th day of February, 2011

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State



Certification Number: 13539854-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>