

F11000002172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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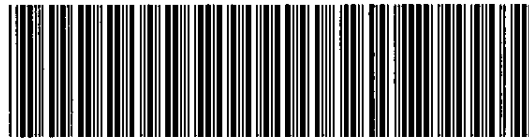
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FLORIDA DEPT. OF REVENUE

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T. Burch MAY 24 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Managed Health Care Associates 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:

John M Markes

Name of Person

Managed Health Care Associates Inc.

Firm/Company

PO Box 789

Address

Florham Park NJ 07932

City/State and Zip code

jmarkes@mhainc.com

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

For further information concerning this matter, please call:

John M Markes

at (973-) 660-4499

Name of Person

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

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. Managed Health Care Associates 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. 34-2003187

(FEI number, if applicable)

4. 6/25/2004

(Date of incorporation)

5. perpetual

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

6. 3/2/2011

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

7. 25B Vreeland Road Florham Park NJ 07932

(Principal office address)

PO Box 789 Florham Park NJ 07932

(Current mailing address)

8. Group Purchasing and 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: [Signature]

(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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TALLAHASSEE, FLORIDA

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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 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. Stephen J Andrew, CFO & COO

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Managed Health Care Associates Inc.
(a Delaware corporation)

<u>Director/Officer Name</u>	<u>O Officer</u> <u>D Director</u> <u>B Both</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Ari Benacerraf	D	11 Locust Point Road	Shelter Island	New York	11965
George Fotiades <i>C MAJRWYD</i>	D	281 Summit Avenue	Summit	New Jersey	07901
Barry Freedman	D	5501 Old York Road	Philadelphia	Pennsylvania	19141
Michael Langer	D	151 East 31 st Street	New York	New York	10016
Michael Ranger	D	563 Spring Valley Road	Morristown	New Jersey	07960
Brian Wheelan	D	408 Columbus Ave Unit 2	Boston	Massachusetts	02116
Douglas A Present	B	75 Woodland Road	Maplewood	New Jersey	07040
Stephen J Andrew <i>SEC & TREAS</i>	B	16 Wadsworth Road	Arlington	Massachusetts	02476
Michael J Sicilian <i>PR&S, ID ENV</i>	B	15 Woodcrest Court	Mahwah	New Jersey	07430
Teresa H DiCaro <i>EVP</i>	B	29 Silver Springs Court	East Hanover	New Jersey	07936
Gloria P Barr	O	2 Fairchild Lane	New Vernon	New Jersey	07976

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANAGED HEALTH CARE ASSOCIATES, 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 SEVENTEENTH DAY OF MAY, A.D. 2011.

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SECRETARY OF STATE
PAID BY STATE OF DELAWARE



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8765663

DATE: 05-17-11