

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F110000003438

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Correctional Healthcare Companies, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 24, PM 3:58

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Please
date
final filing
submission 8/10
MRB 8/25

8/24/2011



www.correctioncare.com

6200 S. Syracuse Way #440, Greenwood Village, CO 80111

866.246.5245

August 18, 2011

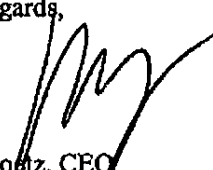
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
11 AUG 10 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam,

Correctional Healthcare Companies, Inc. (f/k/a P10000014821) grants permission to Correctional Healthcare Companies, Inc., a Delaware Corporation, incorporated on 1/28/10 to utilize its name.

Best Regards,


Doug Goltz, CEO
6200 S. Syracuse Way
Suite 440
Greenwood Village, CO 80111
(303) 706-9080



August 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CORRECTIONAL HEALTHCARE COMPANIES, INC.
REF: W11000042016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P10000014821 (CORRECTIONAL HEALTHCARE COMPANIES, INC.).

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H11000200672
Letter Number: S11A00018855

RE-SUBMIT
Please retain original filing
date of submission 8/10

**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 Companies, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/28/10 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None
(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)
6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111
(Current mailing address)
8. Administer healthcare services to correctional facilities.
(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.
By: James Martin
(Registered agent's signature) 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.

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TALLAHASSEE, FLORIDA

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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

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. Bruce McDaniel, CFO

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

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TALLAHASSEE, FLORIDA

Officers and Board of Directors

Officers

Doug Goetz, CEO

Larry Wolk, Secretary/President

Bruce McDaniel, CFO

Shelly Justice, Treasurer

Don Houston, COO

Board of Directors

Blair Tikker – Chairman

Doug Goetz

Malcom Kostuchenko

Andrew Paul

Cristina Capoot

Matthew Kels

Principle Address for all Directors and Officers:

6200 S. Syracuse Way

Suite 440

Greenwood Village, CO 80111

Delaware

The First State

PAGE 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORRECTIONAL HEALTHCARE COMPANIES, 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 TWENTIETH DAY OF JULY, A.D. 2011.

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.

4782287 8300

110840414

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8914043

DATE: 07-20-11