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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

**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
CARE MANAGEMENT TECHNOLOGIES, INC.**

Certificate of Status	0
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12 JAN 26 AM 9:32

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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. Care Management Technologies, 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. 30-0586807

(FEI number, if applicable)

4. December 17, 2008

(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. 88 Park Avenue, Suite 2A, Nutley, New Jersey 07110

(Principal office address)

88 Park Avenue, Suite 2A, Nutley, New Jersey 07110

(Current mailing address)

8. behavioral pharmacy management

(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: _____

Stephanie K. Milnes Stephanie K. Milnes
Assistant Vice President

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: (see attached sheet)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: (see attached sheet)

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. Noah Franzblau, Senior Vice President/Chief Legal Officer

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

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TALLAHASSEE, FLORIDA

**Application by Foreign Corporation for Authorization to Transact
Business in Florida
Care Management Technologies, Inc.**

#12 - A. Directors

Name	Address
David Dantzker	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Al Waxman	201 Claremont Avenue Suite 100 Montclair, NJ 07042
John Docherty	201 Claremont Avenue Suite 100 Montclair, NJ 07042
John J. McGovern	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Joseph Riley	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Steven C. Rodger	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Marvin Moser, MD	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Stephen Krupa	201 Claremont Avenue Suite 100 Montclair, NJ 07042

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B. Officers

Name	Address
John J. McGovern (CEO)	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Carol Duncan Clayton (President)	201 Claremont Avenue Suite 100 Montclair, NJ 07042
Noah Franzblau (Secretary)	201 Claremont Avenue Suite 100 Montclair, NJ 07042

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARE MANAGEMENT TECHNOLOGIES, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARE MANAGEMENT TECHNOLOGIES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9323919

DATE: 01-26-12