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Fax Service Corporation 2/17/2012 3:05:33 PM PAGE 1/000 Fax Service Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
CONCENTRA PRIMARY CARE, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Concentra Primary Care, P.A.

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:

Jill Jackson, Paralegal

Name of Person

Humana Inc.

Firm/Company

500 West Main Street, 21st Floor

Address

Louisville

Kentucky

40202

City/State and Zip code

astephens@humana.com

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

For further information concerning this matter, please call:

Jill Jackson, Paralegal

at ( 502 ) 476-9752

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. Concentra Primary Care, P.A.,  
(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. Texas 3. 32-0346082  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 27, 2011 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5080 Spectrum Drive, Suite 1200 West, Addison, Texas 75001  
(Principal office address)  
500 West Main Street, 21st Floor Louisville Kentucky 40202  
(Current mailing address)
8. Provide Primary Care Medical Services as a Professional Association.  
(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, Florida 32301  
(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.*  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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Chairman: N/A

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Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: W. Tom Fogarty, M.D.

Address: 5080 Spectrum Drive, Suite 1200 West, Addison, Texas 75001

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: W. Tom Fogarty, M.D.

Address: 5080 Spectrum Drive, Suite 1200 West, Addison, Texas 75001

Vice President: N/A

Address: \_\_\_\_\_

Secretary: W. Tom Fogarty, M.D.

Address: 5080 Spectrum Drive, Suite 1200 West, Addison, Texas 75001

Treasurer: W. Tom Fogarty, M.D.

Address: 5080 Spectrum Drive, Suite 1200 West, Addison, Texas 75001

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X

  
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. W. Tom Fogarty, M.D., President, Treasurer & Corporate Secretary

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

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Concentra Primary Care, P.A. (file number 801431867), a Professional Association, was filed in this office on May 27, 2011.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 17, 2012.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State