

F12000001071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

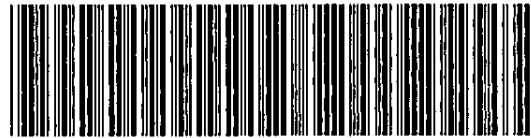
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Stivers MAR 13 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OptiCare Vision Company, 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:

Kevin Wiggs

Name of Person

First Consulting & Administration, Inc.

Firm/Company

1020 Central, Suite 201

Address

Kansas City, MO 64105-1670

City/State and Zip code

cblackwell@opticare.net

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

For further information concerning this matter, please call:

Connie Blackwell

Name of Person

at (800) 334-3937

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. OptiCare Vision Company, 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. 20-4773088

(FEI number, if applicable)

4. 4/24/2006

(Date of incorporation)

5. Perpetual

(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. 112 Zebulon Court, Rocky Mount, NC 27804

(Principal office address)

PO Box 7548, Rocky Mount, NC 27804

(Current mailing address)

8. Third Party Administrator

(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

(City)

, Florida 33324

(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.

See attached Acceptance of Appointment by Registered Agent

(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.

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

A. DIRECTORS

Chairman: Please see enclosed list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. David Lavelly

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. David Lavelly, President

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



OFFICE OF INSURANCE REGULATION
Company Admissions

MANAGEMENT INFORMATION FORM
COMPLETE LIST OF OFFICERS,
DIRECTORS, AND SHAREHOLDERS (10% OR MORE)

COMPANY
NAME: OptiCare Vision Company, Inc.

OFFICERS:	TITLES:	OWNERSHIP PERCENTAGE:
David Michael Lavelly	President	0%
Jason Masterton Harrold	Vice President	0%
George Philip Verrastro	Treasurer	0%
Keith Harvey Williamson	Secretary	0%
William Nelder Scheffel	Vice President	0%
Brandy Lynn Burkhalter	Vice President	0%
Tricia Lynn Dinkelman	Vice President of Tax	0%
DIRECTORS:		
David Michael Lavelly		0%
Jason Masterton Harrold		0%
William Nelder Scheffel		0%
Brandy Lynn Burkhalter		0%
SHAREHOLDERS:		
OptiCare Managed Vision, Inc.		100%

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OptiCare Vision Company, Inc. is a wholly owned subsidiary of OptiCare Managed Vision, Inc. OptiCare Managed Vision, Inc. is a wholly owned subsidiary of CenCorp Health Solutions, Inc. CenCorp Health Solutions, Inc. is a wholly owned subsidiary of Centene Corporation, a Delaware corporation that is publicly traded on the New York Stock Exchange (ticker: CNC).

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

RE: OptiCare Vision Company, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: 02/22/2012

C T CORPORATION SYSTEM

By Katherine Lackey
Katherine Lackey,
Assistant Secretary

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTICARE VISION COMPANY, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTICARE VISION COMPANY, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2006.

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.

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9369314

DATE: 02-16-12