

F12000002489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

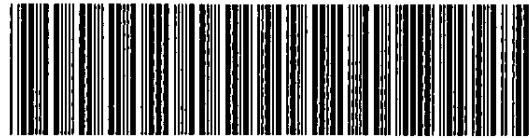
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/12--01023--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 PM 12:46

Ps 6/15/12

June 13, 2012

VIA Federal Express

New Filing Section
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Progressive Medical, Inc.

Dear Sir/Madam:

Enclosed for filing are the following documents for Progressive Medical, Inc., an Ohio corporation:

1. An original and a duplicate copy of an Application by Foreign Corporation for Authorization to Transact Business in Florida.
2. A Certificate of Status from the Ohio Secretary of State.
3. A check in the amount of \$70.00 to cover the filing fee in this regard.

Once these documents have been filed, please return evidence of the filing to me using the enclosed envelope provided. Should you have any questions or comments regarding this filing or require any additional information, please contact me toll free at 1-877-455-2900. Thank you for your assistance.

Very truly yours,

GODFREY & KAHN, S.C.



Janell M. Bishop
Paralegal

JMSB
Enclosures
8071247_1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Progressive Medical, 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:

Janell Bishop, Paralegal

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

780 North Water Street

Address

Milwaukee, WI 53202

City/State and Zip code

jbishop@gklaw.com

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

For further information concerning this matter, please call:

Janell Bishop, Paralegal

Name of Person

at (414) 273-3500

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. Progressive Medical, 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. Ohio

(State or country under the law of which it is incorporated)

3. 31-1192384

(FEI number, if applicable)

4. December 17, 1986

(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. 250 Progressive Way, Westerville, OH 43082

(Principal office address)

250 N. Sunny Slope Road, Suite 110, Brookfield, WI 53005

(Current mailing address)

Pharmacy benefits manager and provider of ancillary health care services

8. for workers' compensation and auto no-fault claims.

(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)

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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.

CORPORATION SERVICE COMPANY

By: 

(Registered agent's signature)

Cheryl A. Gibbs, Asst Sec.

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kenneth L. Dowd, Jr.

Address: 250 North Sunny Slope Road, Suite 110

Brookfield, WI 53005

Director: _____

Address: _____

B. OFFICERS

President: Thomas Young

Address: 2650 Thousand Oaks Blvd., Suite 1400, Memphis, TN 38118

Assistant Treasurer David Farmer
~~Vice President:~~

Address: 2650 Thousand Oaks Blvd., Suite 1400, Memphis, TN 38118

Controller: Kristine Blommel, 250 N. Sunny Slope Road, Suite 110, Brookfield, WI 53005

Secretary: Julia A. Jensen

Address: 250 N. Sunny Slope Road, Suite 110, Brookfield, WI 53005

Treasurer: David DeClark

Address: 250 N. Sunny Slope Road, Suite 110, Brookfield, WI 53005

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. Julia A. Jensen, Secretary

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

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DIVISION OF CORPORATIONS
12 JUN 14 PM 12:45

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **PROGRESSIVE MEDICAL, INC.**, an Ohio corporation, Charter No. 690786, having its principal location in Westerville, County of Franklin, was incorporated on December 17, 1986 and is currently in **GOOD STANDING** upon the records of this office.*

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*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 12th day of April, A.D. 2012*

Jon Husted

Ohio Secretary of State