

F12000003330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

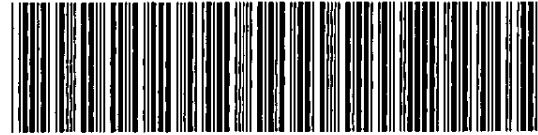
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800238342548

08/10/12--01008--004 **70.00

FILED
12 AUG 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 13 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Correctional Healthcare, 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:

John S. Elias, Attorney

Name of Person

Advanced Correctional Healthcare, Inc.

Firm/Company

416 Main Street, Ste. 1400

Address

Peoria, IL 61602

City/State and Zip code

bwilson@advancedch.com

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

For further information concerning this matter, please call:

John S. Elias

at (309) 637-6000

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

12 AUG 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Advanced Correctional Healthcare, 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. Illinois 3. 36-4495255
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 18, 2002 5. perpetual
(Date of incorporation) (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. 3922 W. Baring Trace, Peoria, IL 61615-2500
(Principal office address)

3922 W. Baring Trace, Peoria, IL 61615-2500
(Current mailing address)

8. Develop, implement and manage health care programs in the correctional environment.
(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.

C T Corporation System

By: 
(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 AUG 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Norman R. Johnson, M.D.

Address: 3922 W. Baring Trace, Peoria, IL 61615-2500

Vice Chairman: Brenda J. Johnson

Address: 3922 W. Baring Trace, Peoria, IL 61615-2500

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers.

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. Neil E. Leuthold, President

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

RECEIVED
12 AUG 10 PM 1:51
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

**Addendum to
Application by Foreign Corporation for
Authorization to Transact Business in Florida**

Advanced Correctional Healthcare, Inc.

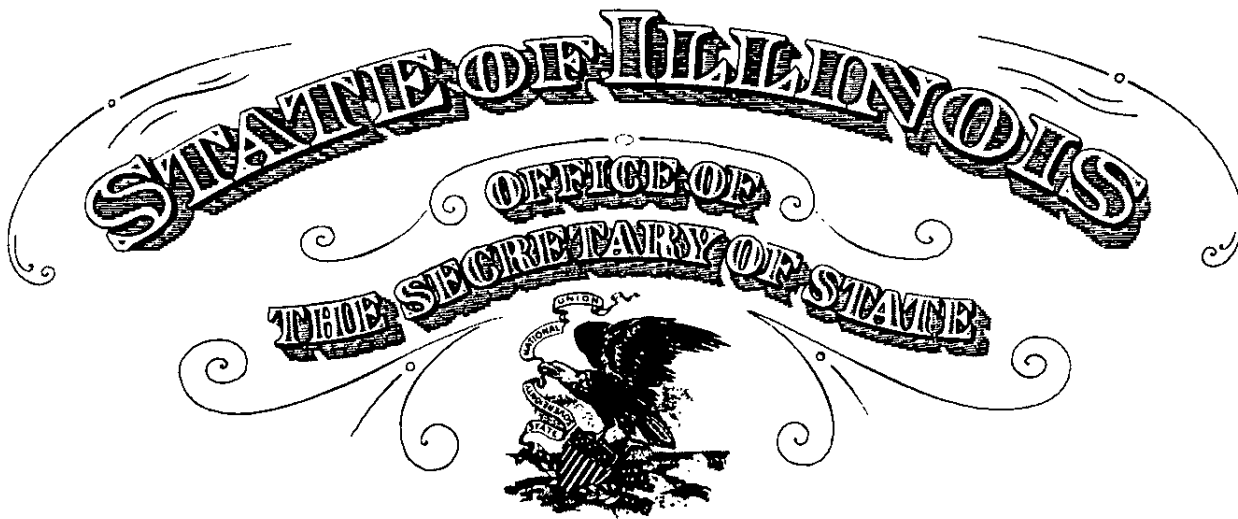
List of Officers

Chairman of the Board	Dr. Norman R. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Vice Chairman of the Board	Brenda J. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Chief Executive Officer	Dr. Norman R. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Vice Chief Executive Officer	Brenda J. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Chief Operating Officer	Sherri L. Miller	3922 W. Baring Trace, Peoria, IL 61615-2500
President	Neil E. Leuthold	3922 W. Baring Trace, Peoria, IL 61615-2500
Treasurer	Dr. Norman R. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Secretary	Dr. Norman R. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500
Assistant Secretary	Brenda J. Johnson	3922 W. Baring Trace, Peoria, IL 61615-2500

812-0954

FILED
12 AUG 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 6216-659-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVANCED CORRECTIONAL HEALTHCARE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 18, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

2 AUG 10 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2012

Jesse White

Authentication #: 1221601622

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE