

F/2000003586

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

STATE
TALLAHASSEE, FLORIDA

12 AUG 30 AM 10:11

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
Altegra Health Operating Company

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

K 08/31/12

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALTEGRA HEALTH OPERATING COMPANY
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:

Name of Person

Firm/Company

Address

City/State and Zip code

cynthia.perrone@alTEGRahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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. ALTEGRA HEALTH OPERATING COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 27-2872345

(FEI number, if applicable)

4. 06/17/2010

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty (liability))

7. 14261 Commerce Way, Miami Lakes, FL 33016

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

CT Corporation System

By: Kristin Bolden

(Registered agent's signature)

Kristin Bolden, Assistant Secretary

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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alan Flaumenhaft

Address: 19 Forest Parkway

Shelton, CT 06484

Director: Dave Lissy

Address: 200 Talcott Avenue, South

Watertown, MA 02472

B. OFFICERS SEE ATTACHMENT

President: _____

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. Michele Haas Michele Haas, Chief Financial Officer

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

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

**Attachment to Florida
Purpose Clause**

Outreach to Health plan membership, chart coding, quality performance and risk analytics and reimbursement advisory services.

Officers & Directors

- 1 Full Name: Kevin Barrett
 Officer/Director: Officer
 Officer's Title: Chief Executive Officer, President and Secretary

 Director's Title:
 Business Address: 14261 Commerce Way
 City: Miami Lakes
 State: FL
 ZIP Code: 33016
- 2 Full Name: Michele Haas
 Officer/Director: Officer
 Officer's Title: Chief Financial Officer

 Director's Title:
 Business Address: 14261 Commerce Way
 City: Miami Lakes
 State: FL
 ZIP Code: 33016
- 3 Full Name: David Ament
 Officer/Director: Director
 Officer's Title:
 Director's Title: Other Director
 Business Address: 265 Franklin St, 18th Floor
 City: Boston
 State: MA
 ZIP Code: 02110
- 4 Full Name: H. Bradley Sloan
 Officer/Director: Director
 Officer's Title:
 Director's Title: Other Director
 Business Address: Four Embarcadero Center, Suite 3610
 City: San Francisco

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	State:	CA
	ZIP Code:	94111
5	Full Name:	William Kessinger
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	Four Embarcadero Center, Suite 3610
	City:	San Francisco
	State:	CA
	ZIP Code:	94111
6	Full Name:	Gregory J. Sinaiko
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	Four Embarcadero Center, Suite 3610
	City:	San Francisco
	State:	CA
	ZIP Code:	94111
7	Full Name:	Matthew Umscheid
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	265 Franklin St, 18th Floor
	City:	Boston
	State:	MA
	ZIP Code:	02110
8	Full Name:	Kevin Barrett
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	14261 Commerce Way
	City:	Miami Lakes
	State:	FL
	ZIP Code:	33016

STATE
TALLAHASSEE, FLORIDA

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2010

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTEGRA HEALTH OPERATING COMPANY" 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 THIRTIETH DAY OF AUGUST, A.D. 2012.

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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DELAWARE STATE
TALLAHASSEE, FLORIDA

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120987133

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



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9815652

DATE: 08-30-12