

F13000003621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

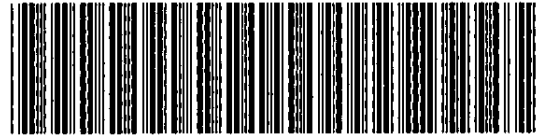
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 AUG 23 AM 10:44
NOT RECORDED
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FILED
13 AUG 23 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 08/26/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 774407 4352697

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$870.00

Please call me if incorrect.

ORDER DATE : August 23, 2013

ORDER TIME : 10:02 AM

ORDER NO. : 774407-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: VALOR HEALTHCARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Valor 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:

Jennifer G. Webb
Name of Person

Humana Inc.
Firm/Company

500 West Main Street, Law Department
Address

Louisville, KY 40202
City/State and Zip code

jwebb@humana.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer G. Webb at (502) 580-3777
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. Valor 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. Delaware

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

3. 20-3585174

(FEI number, if applicable)

4. 9/29/2005

(Date of incorporation)

5. Perpetual

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

6. 8/1/2012

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

7. 500 West Main Street, Louisville, KY 40202

(Principal office address)

500 West Main Street, Attn: Corporate Secretary, Louisville, KY 40202

(Current mailing address)

8. The company operates community-based outpatient clinics.

(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.

[Handwritten signature of Sue G. Knight]

(Registered agent's signature)

Sue G. Knight Assistant Vice President

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: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

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. Joan O. Lenahan _____
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. Joan O. Lenahan, Vice President and Corporate Secretary.

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

Directors/Officers Report

Valor Healthcare, Inc.

Directors

James Harry Bloem

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Bruce Dale Broussard

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Tim S. McClain

Primary Address

323 W. Main Street, 10th FloorLouisville, Kentucky 40202

James Elmer Murray

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Officers

Tim S. McClain

Chief Executive Officer

Primary Address

323 W. Main Street, 10th FloorLouisville, Kentucky 40202

Orie T. Mullen

President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Heidi Suzanne Margulis

Service Vice President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

James Harry Bloem

Senior Vice President, Chief Financial Officer & Treasurer

Primary Address

500 West Main StreetLouisville, Kentucky 40202

John E. Crum, M.D.

Chief Medical Officer

Primary Address

101 S. Fifth StreetLouisville, Kentucky 40202

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William M. Esakov

Chief Actuary

Primary Address

500 West Main StreetLouisville, Kentucky 40202

George Grant Bauernfeind

Vice President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Charles Frederic Lambert, III

Vice President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Joan Olliges Lenahan

Vice President and Corporate Secretary

Primary Address

500 West Main StreetLouisville, Kentucky 40202

David H. Lewis

Vice President - Finance

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Raymond S. Pryor

Vice President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Joseph Christopher Ventura

Assistant Corporate Secretary

Primary Address

500 West Main StreetLouisville, Kentucky 40202

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALOR HEALTHCARE, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALOR HEALTHCARE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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13 AUG 23 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4038083 8300

131018624



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0686424

DATE: 08-23-13