

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

 WAIT

MAIL

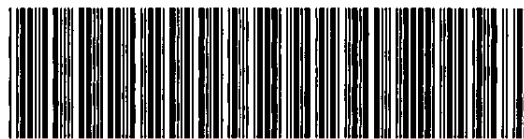
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600255871916

01/28/14--01020--004 \*\*87.50

14 JAN 28 PM 3:32  
U.S. AIR FORCE  
AIR FORCE FLORIDA

YMD 2/4



January 27, 2014

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

Re: AcariaHealth Solutions, Inc.

Enclosed please find the application for Foreign Corporation to Transact Business in Florida. Included please find the Certificate of Good Standing and Articles of Incorporation from DE Secretary of State as well as check # 284466 in the amount of \$87.50.

Feel free to contact me to contact me at 855-422-2742 ext. 1034 with any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Renee Crain".

Renee Crain  
Regulatory and Contract Administrator

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AcariaHealth Solutions, 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:

Renee Crain

Name of Person

AcariaHealth, Inc.

Firm/Company

6923 Lee Vista Blvd. Suite 300

Address

Orlando, FL 32822

City/State and Zip code

licensing@acariahealth.com

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

For further information concerning this matter, please call:

Renee Crain at ( 321 ) 903-1308 ext 1034

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. AcariaHealth Solutions, 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. DE** **3. 80-0856383**

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

(FEI number, if applicable)

**4. 9-20-12**

(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. 6923 Lee Vista Blvd. Suite 300 Orlando, FL 32822**

(Principal office address)

**6923 Lee Vista Blvd. Suite 300 Orlando, FL. 32822**

(Current mailing address)

**8. Prescription Drug Wholesaler**

(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: **NRAI Services, Inc.**

Office Address: **1200 South Pine Island Rd.**

**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.*

*Michelle Holden, Asst. Sec.*

(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: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See Attached

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. Donald Howard, President

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

14 JAN 28 PM 3:32  
ED  
STATE  
SECRETARY  
OF STATE

# DISCLOSURE OF OFFICER, DIRECTORS AND COMMON OWNERSHIP

Name	Title	Street Address	Phone No.	Fax No.	Mailing/ Residence Address	SSN/TIN	Date of Birth	Ownership	FEIN
AcariaHealth, Inc.	Shareholder	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	c/o Corporation Trust Company 1209 Orange Street Wilmington, DE 19801	45-2780334		100% of Pharmacy Entities	45-2780334
Donald Howard	President / Director	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	9121 Tibet Point Circle Windermere, FL 34786	170-48-8625	11/10/1958	0	
Stephen Jensen	Chief Financial Officer	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	5801 Lake Melrose Drive Orlando, FL 32829	281-46-1764	9/24/1963	0	
Peter N. Clagett	Vice President	US Script, Inc. 2425 West Shaw Avenue Fresno, CA 93711	(559) 244-3700	(559) 244-3793	749 E Wood Duck Circle Fresno, CA 93730	561-74-2762	7/20/1963	0	
Jason M. Harrold	Vice President & Secretary	Centene Corporation 7700 Forsyth Blvd. St. Louis, MO 63105	(314) 725-4477	(314) 725-5180	534 Tregaron Place St. Louis, MO 63131	281-58-6054	12/17/1969	0	
***** NO FAMILIAL RELATIONSHIPS *****									
Specialty Therapeutic Care Holdings, LLC.	Indirect Owner	c/o Corporation Trust Company 1209 Orange Street Wilmington, DE 19801	212-207-3386	212-207-9031	c/o Corporation Trust Company 1209 Orange Street St. Louis, MO 63105	27-3617766	27-3617766	100% of AcariaHealth, Inc.	27-3617766
Centene Corporation	Indirect Owner	7700 Forsyth Blvd. St. Louis, MO 63105	314-725-4477	314-725-5180	7700 Forsyth Blvd. St. Louis, MO 63105	42-1406317	42-1406317	100% of Specialty Therapeutic	42-1406317

14 JAN 28 PM 3:32  
STATE OF CALIFORNIA  
RECEIVED

# Delaware

*The First State*

PAGE 1

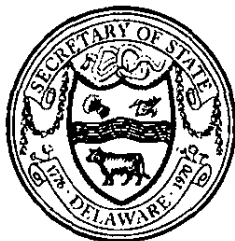
14 JAN 28 PM 3:32  
DELAWARE STATE  
NOTARY PUBLIC  
J. W. BULLOCK

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACARIAHEALTH SOLUTIONS, 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-FOURTH DAY OF JANUARY, A.D. 2014.

5216068 8300

140087294

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1082456

DATE: 01-24-14