

3/31/2014 10:10 AM From: To: 8506176381

Division of Corporations

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F/400000/423

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

****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
HEALTH CHOICE MANAGEMENT CO.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

K 04/01/14

FILED
14 MAR 31 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 MAR 31 PM 2:13
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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Choice Management Co.

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:

Stacey G. McLaughlin

Name of Person

Health Choice Management Co.

Firm/Company

117 Seaboard Lane, Building E

Address

Franklin, TN 37067

City/State and Zip code

smclaughlin@iasishhealthcare.com

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

For further information concerning this matter, please call:

Stacey G. McLaughlin

at (615) 467-1238

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. Health Choice Management Co.

(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 3. 62-1797795
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. September 30, 2011 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. 117 Seaboard Lane, Building E, Franklin TN 37067
(Principal office address)
- 117 Seaboard Lane, Building E, Franklin, TN 37067
(Current mailing address)

8. To act as mgmt. and admin. avcs. co. for health insurers and to conduct any lawful bus. or activity under laws of this state.
(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, 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.

CT Corporation System

By: Nathan S. Giffin Nathan S. Giffin Asst. Secretary
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: W. Carl Whitmer (Director)

Address: 117 Seaboard Lane, Building B
Franklin, TN 37067

Vice Chairman: John M. Doyle (Director)

Address: 117 Seaboard Lane, Building B
Franklin, TN 37067

Director: Mike Uchirin (Director)

Address: 410 N. 44th Street, Suite 900
Phoenix, AZ 85008

Director: _____

Address: _____

B. OFFICERS

President: Mike Uchirin

Address: 410 N. 44th Street, Suite 900
Phoenix, AZ 85008

Vice President: Eric Paul

Address: 117 Seaboard Lane, Building B
Phoenix, AZ 85008

Secretary: Karen H. Abbott

Address: 117 Seaboard Lane, Building B, Franklin TN 37067

Treasurer: John M. Doyle

Address: 117 Seaboard Lane, Building B, Franklin TN 37067

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Karen H. Abbott*

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, P.S.

14. Karen H. Abbott, Secretary

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

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 SECRET, 8701, 141E
 TALLAHASSEE, FL 32304

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH CHOICE MANAGEMENT CO." 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 THIRTY-FIRST DAY OF MARCH, A.D. 2014.

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.

FILED

14 MAR 31 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1252490

DATE: 03-31-14