

FD00001987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

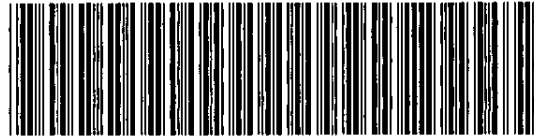
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400259122274

FILED
14 MAY -6 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
14 MAY -6 PM 1:49
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 119072 5028257

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : May 5, 2014

ORDER TIME : 1:24 PM

ORDER NO. : 119072-005

CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN RX MANAGEMENT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

FILED
14 MAY -6 AM 8:12
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. Magellan Rx Management, 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. 46-3708039

(FEI number, if applicable)

4. September 6, 2013

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 15950 N. 76th Street, #200, Scottsdale AZ 85260

(Principal office address)

6950 Columbia Gateway Drive, Columbia MD 21046

(Current mailing address)

8. Services related to pharmacy benefits management.

(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

(City)

, Florida 32301

(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.

Corporation Service Company

Harry B. Davis
Asst. Vice President

By: [Signature]

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY -6 AM 8:12

FILED

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

A. DIRECTORS

Chairman: Barry Smith

Address: 55 Nod Road

Avon, CT 06001

Vice Chairman: Jonathan Rubin

Address: 55 Nod Road

Avon, CT 06001

Director: Daniel N. Gregoire

Address: 55 Nod Road

Avon, CT 06001

Director: Robert Field

Address: 15950 N. 76th Street, #200

Scottsdale, AZ 85260

B. OFFICERS

President: Robert W. Field, CEO

Address: 15950 N. 76th Street, #200, Scottsdale AZ 85260

Vice President: Linton C. Newlin

Address: 1203 4th Street, SW, Cullman AL 35055

Secretary: John J. DiBernardi

Address: 6950 Columbia Gateway Drive, Columbia MD 21046

Treasurer: Kevin Fletemeyer, CFO

Address: 11013 West Broad Street, Glen Allen VA 23060

14 MAY -6 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. John J. DiBernardi, Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGELLAN RX MANAGEMENT, 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 SIXTH DAY OF MAY, 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN RX MANAGEMENT, INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2013.

FILED
14 MAY -6 AM 8:12
SECRETARY OF STATE
DELAWARE

5394817 8300

140571798

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1348096

DATE: 05-06-14