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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

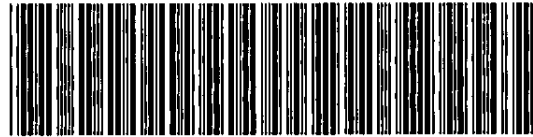
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dental Health & Wellness, 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:

Barbara Chau

Name of Person

Centene Corporation

Firm/Company

7700 Forsyth Blvd.

Address

St. Louis, MO 63105

City/State and Zip code

bchau@centene.com

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

For further information concerning this matter, please call:

Barbara Chau

Name of Person

at (314) 505-6360

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. **Dental Health & Wellness, 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. **46-2783884**

(FEI number, if applicable)

4. **May 10, 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. **7700 Forsyth Blvd., St. Louis, MO 63105**

(Principal office address)

7700 Forsyth Blvd., St. Louis, MO 63105

(Current mailing address)

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8. To engage in the business of administration of dental services and all activities related thereto and in any lawful act or activity for which corporations may be permitted by the laws of Florida.

(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: **C T 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.

C T Corporation System

By: Katherine Lackey

(Registered agent's signature)

Katherine Lackey - 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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jason M. Harrold

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

Director: William N. Scheffel

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

B. OFFICERS

President: Scott R. Laihinen

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

Vice President: Jason M. Harrold

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

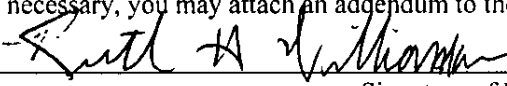
Secretary: Keith H. Williamson

Address: 7700 Forsyth Blvd., St. Louis, MO 63105

Treasurer: Jeffrey A. Schwaneke

Address: 7700 Forsyth Blvd., St. Louis, MO 63105

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. Keith H. Williamson, Secretary

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

12. Additional Directors and Officers

A. Directors

Title	Name	Address
Director	Brent D. Layton	7700 Forsyth Blvd., St. Louis, MO 63105
Director	Keith H. Williamson	7700 Forsyth Blvd., St. Louis, MO 63105

B. Officers

Title	Name	Address
Vice President	Brent D. Layton	7700 Forsyth Blvd., St. Louis, MO 63105
Vice President	William N. Scheffel	7700 Forsyth Blvd., St. Louis, MO 63105
Vice President of Tax	Tricia L. Dinkelman	7700 Forsyth Blvd., St. Louis, MO 63105

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENTAL HEALTH & WELLNESS, 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 EIGHTEENTH DAY OF JUNE, A.D. 2014.



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1462380

DATE: 06-18-14