

F14000005107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

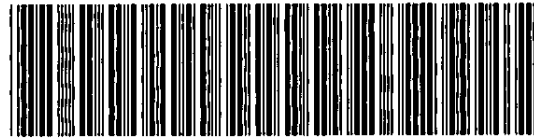
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DEC -4 2014

T. SCOTT



300265740013

RECEIVED
DIVISION OF STATE
SUFFICIENCY OF FILING

2014 DEC -3 PM 4:24

DEC -3 AM 8:40

RECEIVED
DIVISION OF STATE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 399930 4352697

AUTHORIZATION

Spivey

COST LIMIT : \$ 70.00

ORDER DATE : December 3, 2014

ORDER TIME : 3:57 PM

ORDER NO. : 399930-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: PRIMARY CARE HOLDINGS, 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: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Primary Care Holdings, 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:

Jill Pearse

Name of Person

Humana Inc.

Firm/Company

500 W. Main Street

Address

Louisville, KY 40202

City/State and Zip code

ccox@humana.com

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

For further information concerning this matter, please call:

Jill Pearse

at (502) 476-9752

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Primary Care Holdings, 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 3. 46-1225873
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/2/2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 1, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 W. Main Street, Louisville, KY 40202 c/o Law Dept
(Principal office address)

500 W. Main Street, Louisville, KY 40202 c/o Law Dept
(Current mailing address)

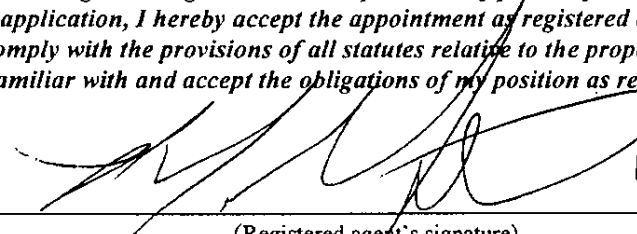
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.


(Registered agent's signature)

Paul Gottlieb
Vice President

10. 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.

DEC - 3 AM 8:40

11. 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: _____

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

12. 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.

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

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

DEC - 3 AM 8:40
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

Directors/Officers Report

As of December 01, 2014

Primary Care Holdings, Inc.

Directors

Bruce Dale Broussard Director

James Elmer Murray Director

Roy Ainsworth Beveridge, M.D. Director

Officers

Jaewon Ryu, M.D., JD President

Roy Ainsworth Beveridge, M.D. Senior Vice President and Chief Medical Officer

Brian Andrew Kane Senior Vice President and Chief Financial Officer

Brian Phillip LeClaire Senior Vice President and Chief Information Officer

Steven Edward McCulley Senior Vice President and Chief Accounting Officer

Mayda Antun, MD Vice President - Primary Care Medical Operations

Directors/Officers Report

As of December 01, 2014

Primary Care Holdings, Inc

Kate Blackmon	Vice President - Primary Care
Joan Olliges Lenahan	Vice President and Corporate Secretary
Donald Hank Robinson	Vice President - Tax
Ralph Martin Wilson	Vice President
Joseph Christopher Ventura	Assistant Corporate Secretary
Christopher L. Corbin	Authorized Representative

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMARY CARE HOLDINGS, 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 THIRD DAY OF DECEMBER, A.D. 2014.

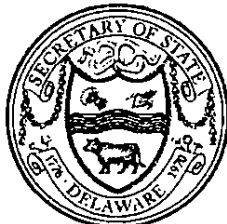
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY CARE HOLDINGS, INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2012.

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

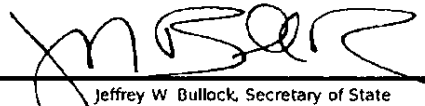
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5221419 8300

141482574



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1918530

DATE: 12-03-14