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**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

AcariaHealth Pharmacy #12, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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Corporate Filing Menu

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1-16-15 CR

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15 JAN 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JAN 14 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AcariaHealth Pharmacy #12, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

stinkelman@centene.com

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

For further information concerning this matter, please call:

Name of Person

at (_____)

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. AerialHealth Pharmacy #12, 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. New York 3. 27-2765424
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/26/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

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

7. 5 Skyline Drive, Ste 277 Hawthorne, NY 10532

(Principal office address)

1700 Forsyth Blvd. Saint Louis, MO 63106

(Current mailing address)

8. 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 , Florida 33324
(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.

C T Corporation System

By: Cathie T. Wall Cathie T. Wall, Asst. Secy
(Registered agent's signature)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Donald Howard

Address: 6923 Lee Vista Blvd., #300

Orlando, FL 32822

Vice President: Jason Harrold

Address: 7700 Forsyth Blvd., #800

St. Louis, MO 63105

Secretary: Jason Harrold

Address: 7700 Forsyth Blvd., #800, St. Louis, MO 63105

Treasurer: _____

Address: _____

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

12. _____


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. Jason Harrold, Vice President

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

**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Carmen Fontanez
 Officer/Director: Officer
 Officer's Title: EVP Sales & Mktg
 Director's Title:
 Business Address: 6923 Lee Vista Blvd., #300
 City: Orlando
 State: FL
 ZIP Code: 32822
- 2 **Full Name:** Jeffrey Fisher
 Officer/Director: Officer, Director
 Officer's Title: Chief Operating Officer
 Director's Title: Director
 Business Address: 6923 Lee Vista Blvd., #300
 City: Orlando
 State: FL
 ZIP Code: 32822
- 3 **Full Name:** Stephen Jensen
 Officer/Director: Officer
 Officer's Title: Chief Financial Officer
 Director's Title:
 Business Address: 6923 Lee Vista Blvd., #300
 City: Orlando
 State: FL
 ZIP Code: 32822
- 4 **Full Name:** Donald Howard
 Officer/Director: Officer, Director
 Officer's Title: President
 Director's Title: Director
 Business Address: 6923 Lee Vista Blvd., #300
 City: Orlando
 State: FL
 ZIP Code: 32822
- 5 **Full Name:** Jason Harrold

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TALLAHASSEE, FLORIDA

1/14/2015 12:14:44 From: To: 8506176381

(6/7)

Officer/Director:

Officer,Director

Officer's Title:

Vice President & Secretary

Director's Title:

Director

Business Address:

7700 Forsyth Blvd., #800

City:

St. Louis

State:

MO

ZIP Code:

63105

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ACARIAHEALTH PHARMACY #12, INC. was filed on 05/26/2010, under the name of FOREST HILLS RX, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment FOREST HILLS RX, INC., changing its name to ACARIAHEALTH PHARMACY #12, INC., was filed 01/27/2012.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of January
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State