

F/5000000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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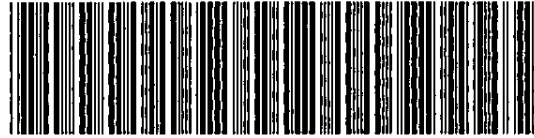
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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W14-74434

01/28/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2014

RENEE CRAIN
ACARIA HEALTH, INC.
6923 LEE VISTA BLVD., SUITE 300
ORLANDO, FL 32822-4703

SUBJECT: ACARIAHEALTH PHARMACY #13, INC.
Ref. Number: W14000074434

We have received your document for ACARIAHEALTH PHARMACY #13, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 514A00026443

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AcariaHealth Pharmacy #13, 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:

Renee Crain - Regulatory Affairs

Name of Person

AcariaHealth, Inc.

Firm/Company

6923 Lee Vista Blvd., Suite 300

Address

Orlando, FL 32822-4703

City/State and Zip code

licensing@acariahealth.com

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

For further information concerning this matter, please call:

Renee crain at (855) 422-2742 ext 1034

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 checked="" 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. AcariaHealth Pharmacy #13, 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. California

(State or country under the law of which it is incorporated)

3. 26-0226900

(FEI number, if applicable)

4. 05-08-2007

(Date of incorporation)

5. perpetual

(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. 3302 Garfield Avenue, Commerce, CA 90040-3102

(Principal office address)

6923 Lee Vista Blvd., Ste 300, Orlando, FL 32822-4703

(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

(City)

, Florida 33324

(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.

Katherine Lackey

Katherine Lackey,
Assistant Secretary

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Donald Howard

Address: 9121 Tibet Point Circle

Windermere, FL 34786

Vice President: Jeffrey Fisher - EVP Strategic Business Devel.

Address: 563 Macleod Drive

Gibsonia, PA 15044

Secretary: Jason M. Harrold

Address: 534 Tregaron Place, St Louis, MO 63131

Treasurer: Stephen Jensen - CFO

Address: 5801 Lake Melrose Drive, Orlando, FL 32829

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. Donald Howard, President

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

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**DISCLOSURE OF OFFICERS, DIRECTORS AND COMMON OWNERSHIP
for
ACARIAHEALTH PHARMACY #13, INC.**

Company/Individual	Title	Street Address	Business Phone No.	Fax No.	Residence Address	Ownership	FEIN
AcariaHealth, Inc.	Shareholder	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326		100% of Pharmacy Entities	45-2780334
Donald Howard	President / Director	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	9121 Tibet Point Circle Windermere, FL 34786	0	
Jeffrey Fisher	EVP Strategic Business Development	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	412-287-7606	407-380-9326	563 Macleod Drive Gibsonia, PA 15044	0	
Stephen Jensen	Chief Financial Officer	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	5801 Lake Melrose Drive Orlando, FL 32829	0	
Carmen Fontanez	Executive Vice President, Sales and Marketing	6923 Lee Vista Blvd, Ste 300 Orlando, FL 32822-4703	407-903-1326	407-380-9326	8473 Dover View Lane Orlando, FL 32829	0	
Jason M. Harrold	Vice President & Secretary	Centene Corporation 7700 Forsyth Blvd. St. Louis, MO 63105	314-725-4477	314-725-5180	534 Tregaron Place St. Louis, MO 63131	0	

***** NO FAMILIAL RELATIONSHIPS *****

Specialty Therapeutic Care Holdings, LLC.	Indirect Owner	c/o Corporation Trust Company 1209 Orange Street Wilmington, DE 19801	212-207-3386	212-207-9031		100% of AcariaHealth, Inc.	27-3617766
Centene Corporation	Indirect Owner	7700 Forsyth Blvd. St. Louis, MO 63105	314-725-4477	314-725-5180		100% of Specialty Therapeutic Care Holdings, LLC.	42-1406317

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DIVISION OF CORPORATIONS

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ACARIAHEALTH PHARMACY #13, INC.

FILE NUMBER: C2918289
FORMATION DATE: 05/08/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 12, 2015.

ALEX PADILLA
Secretary of State