

F/5000002/10

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(Address)

(Address)

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**VIA OVERNIGHT MAIL**

May 8, 2015

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Health Plans, Inc. d/b/a Health Plans, a Harvard Pilgrim Company  
Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Please find enclosed Health Plans, Inc.'s completed and signed Application by Foreign Corporation for Authorization to Transact Business in Florida as "Health Plans, a Harvard Pilgrim Company". We have also enclosed the following items:

- Cover Letter
- Check Number 100719 in the amount of \$87.50, payable to the Florida Department of State
- Certificate of Good Standing, dated May 5, 2015, issued by the Secretary of State of the Commonwealth of Massachusetts, in which Health Plans, Inc. is incorporated

If you have any questions or require any other information, please contact me by email at [vbezoenik@healthplansinc.com](mailto:vbezoenik@healthplansinc.com) or at 508.475.6804 (my direct telephone line).

Sincerely,

Vicki Bezoenik  
Compliance Assistant

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Health Plans, 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:

Vicki Bezoenik

Name of Person

Health Plans, Inc.

Firm/Company

1500 West Park Drive, Suite 330

Address

Westborough, MA 01581

City/State and Zip code

vbezoenik@healthplansinc.com

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

For further information concerning this matter, please call:

Vicki Bezoenik

Name of Person

at ( 508 ) 475-6804

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 &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. **Health Plans, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Ino.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**Health Plans, a Harvard Pilgrim Company**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Massachusetts**

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

3. **04-2734278**

(FEI number, if applicable)

4. **April 30, 1981**

(Date of incorporation)

5. **Perpetual**

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

6. Historically, Health Plans has had no clients domiciled in FL; however, some clients domiciled in New England cover Florida residents. Total Florida residents currently exceeds 100 (~350). In addition, we have recently started to explore opportunities in FL and expect to provide our services to clients domiciled in FL. As such, we are now applying for a TPA license.

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

7. **1500 West Park Drive, Suite 330, Westborough, MA 01581**

(Principal office address)

**1500 West Park Drive, Suite 330, Westborough, MA 01581**

(Current mailing address)

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

Name: **CT 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.*

**Tammy Tofteroo**  
**Vice President**  
(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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DIVISION OF CORPORATION  
15 MAY 11 AM 11:46

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

**A. DIRECTORS**

Chairman: Eric H. Schultz  
Address: 93 Worcester Street  
Wellesley, MA 02481

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Charles R. Goheen  
Address: 93 Worcester Street  
Wellesley, MA 02481

Director: Tisa K. Hughes  
Address: 93 Worcester Street  
Wellesley, MA 02481

**B. OFFICERS**

President: Deborah M. Hodges  
Address: 1500 West Park Drive, Suite 330  
Westborough, MA 01581

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Tisa K. Hughes  
Address: 93 Worcester Street, Wellesley, MA 02481

Treasurer: Charles R. Goheen  
Address: 93 Worcester Street, Wellesley, MA 02481

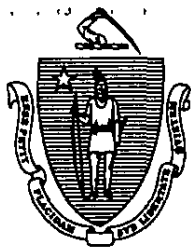
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Deborah M. Hodges  
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. Deborah M. Hodges, President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 11 AM 11:44



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: May 05, 2015

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 11 AM 11:44

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**HEALTH PLANS, INC.**

is a domestic corporation organized on **July 07, 1981** , under the General Laws of the  
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-  
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's  
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-  
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as  
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15053042970

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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