

F16000001749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

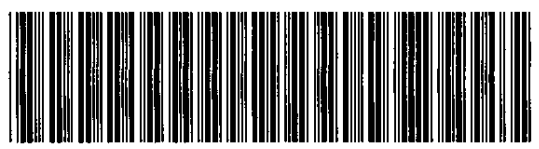
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000281801150

03/15/16--01006--005 **78.75

04/12/16--01031--017 **650.00

FILED
TO APR 12 AM 10:52 2016 MAR 14 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

4/14/16 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2016

JILL VOLANTI
905 WEST 27TH STREET
SCOTTSBLUFF, NE 69361

SUBJECT: REGIONAL CARE, INC.
Ref. Number: W16000019510

FILED
TO APR 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for REGIONAL CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 516A00005375

MAR 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regional Care, 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 Volanti - Compliance & Safety Officer

Name of Person

Regional Care, Inc.

Firm/Company

905 West 27th Street

Address

Scottsbluff, Nebraska 69361

City/State and Zip code

Jill.Volanti@regionalcare.com

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

For further information concerning this matter, please call:

Jill Volanti

Name of Person

at (800)

Area Code

795-7772 ext. 246

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. Regional Care, 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. Nebraska

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

3. 47-0760050

(FEI number, if applicable)

4. August 27, 1992

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. January 1, 2015 (Self-funded ERISA group health plan)

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

7. 905 West 27th Street, Scottsbluff, Nebraska 69361

(Principal office address)

(Current mailing address, if different)

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

Name: Kevin T. Watts, CLU, RHU, REBC - Innovative Benefit Strategies

Office Address: 16970 San Carlos Blvd. 160-120

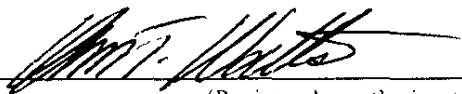
Fort Myers, Florida 33908

(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)

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.

MAR 25 2016

MAR 2 2016

FILED

TO APR 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

✓ Chairman: Henry H. Kosman

Address: 190498 CR G, Scottsbluff, Nebraska 69361

✓ ~~Vice Chairman~~ Director: Dennis Hadden

Address: 3017 Primrose Drive, Scottsbluff, Nebraska 69361

Director: Beverly Begovich-McMillon

Address: 3501 Avenue C, Suite 2D, Scottsbluff, Nebraska 69361

✓ Director: Paul Hoffmeister

Address: 1217 Meadowlark, Scottsbluff, Nebraska 69361

B. OFFICERS

✓ President: Henry H. Kosman

Address: 190498 CR G, Scottsbluff, Nebraska 69361

✓ Vice President: John A. Mentgen

Address: 220375 East 42nd Street, Scottsbluff, Nebraska 69361

✓ Secretary: Jane Schaneman

Address: 300067 CR M, Minatare, Nebraska 69356

Treasurer: _____

Address: _____

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

12. Beverly Begovich

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Beverly Begovich - RCI President

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

FILED
15 APR 12 PM 10:54
STATE
TREASURER
RECORDS

RECEIVED
MAR 25 2016
TREASURER

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

REGIONAL CARE, INC.

**incorporated on August 31, 1992 and is duly incorporated under the law of
Nebraska;**

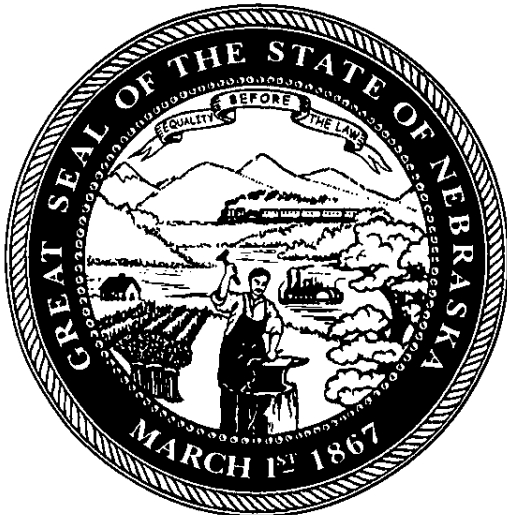
**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 17, 2016

John A. Gale
Secretary of State

FILED
16 APR 12 AM 10:54
SECRETARY OF STATE
TALLAMUSSE, FLORIDA