

# F17000003716

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**\*\*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  
CENTAURI HEALTH SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

AUG 18 2017

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# 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. Centauri Health Solutions, Inc.

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

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

2. Delaware 3. 61-1765637

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

(FEI number, if applicable)

4. June 30, 2015 5. (Date of incorporation) (Date of duration, if other than 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. 6263 N. Scottsdale Road, Suite 185, Scottsdale, AZ 85250  
(Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Floor

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.

Kim Tadlock

Kim Tadlock, Asst Sect on behalf of  
Capitol Corporate Services, Inc.

(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.

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Adam T. Miller

Address: 6263 N. Scottsdale Road, Suite 185

Scottsdale, AZ 85250

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## B. OFFICERS

President: Adam T. Miller

Address: 6263 N. Scottsdale Road, Suite 185

Scottsdale, AZ 85250

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Adam T. Miller

Address: 6263 N. Scottsdale Road, Suite 185

Treasurer: Adam T. Miller

Address: Scottsdale, AZ 85250

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 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. Adam T. Miller, Chief Executive Officer and President

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

ADDENDUM  
TO  
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

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Section 11. B. OFFICERS

Adam T. Miller  
Chief Executive Officer  
6263 N. Scottsdale Road, Suite 185  
Scottsdale, AZ 85250

Glenn M. Parker, MD  
Chief Medical Officer  
6263 N. Scottsdale Road, Suite 185  
Scottsdale, AZ 85250

Michelle Miller  
Chief Technology Officer  
6263 N. Scottsdale Road, Suite 185  
Scottsdale, AZ 85250

Michael McNelis  
Senior Vice President Integration & Delivery  
6263 N. Scottsdale Road, Suite 185  
Scottsdale, AZ 85250

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HEREIN IS UNCLASSIFIED  
DATE 17 AUG 17 BY 1111:49

# Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTAURI HEALTH SOLUTIONS, 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 THIRTY-FIRST DAY OF JULY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTAURI HEALTH SOLUTIONS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2015.

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



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SR# 20175501357

You may verify this certificate online at [corp.delaware.gov/authvnr.shtml](http://corp.delaware.gov/authvnr.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202978746

Date: 07-31-17