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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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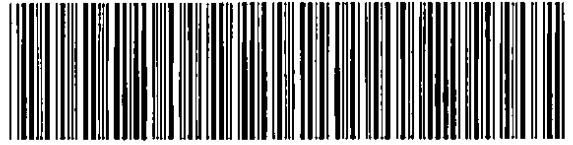
(Business Entity Name)

(Document Number)

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FILED

19 APR 12 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 APR 12 PM 6:38

K. SAIY  
APR 15 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 724320 3405B

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : ~~\$125.00~~ \$70.00 *KS*

ORDER DATE : April 12, 2019

ORDER TIME : 9:08 AM

ORDER NO. : 724320-005

CUSTOMER NO: 3405B

FOREIGN FILINGS

NAME: CROSSOVER HEALTH MANAGEMENT  
SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

**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. Crossover Health Management Services, 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. \_\_\_\_\_

(FEI number, if applicable)

4. April 21, 2010

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. Upon filing

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

7. 101 West Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672

(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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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.*

Corporation Service Company

By: \_\_\_\_\_

Lydia Cohen

Asst. 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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

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

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

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

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

Secretary: \_\_\_\_\_

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

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 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. Scott Shreeve, M.D., President/CEO

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

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**19 APR 12 PM 6:33**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Crossover Health Management Services, Inc.

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

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

Title	Name	Business Address
Directors:	Scott Shreeve, M.D.	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
	Bret Jorgensen	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
	Chris Viehbach	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
	Sophie Kornowski	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
Officers:		
President, CEO & Secretary	Scott Shreeve, M.D.	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
Treasurer/Chief Revenue Officer	Nate Murray	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
Chief Financial Officer	Mark Nelson	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
Chief Strategy Officer	Karoline Hilu, M.D.	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672
Chief Medical Officer	Richard Patragnoni, M.D.	101 W. Avenida Vista Hermosa, Suite 120, San Clemente, CA 92672

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**  
**19 APR 12 PM 6:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ENTITY NAME:**

**CROSSOVER HEALTH MANAGEMENT SERVICES, INC.**

**FILE NUMBER:** C3292090  
**FORMATION DATE:** 04/21/2010  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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 March 14, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
**Secretary of State**