

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000286058 3)))



H190002860583ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2019 SEP 24 PM 4:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

\*\*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  
CareMarket, Inc.

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

Y SCOTT

SEP 25 2019

RECEIVED  
2019 SEP 24 PM 4:26

Electronic Filing Menu

Corporate Filing Menu

Help



# 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. CareMarket, Inc.

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

Carespec

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

2. Indiana

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 05/13/2019

(Date of incorporation)

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

(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. 220 Virginia Avenue, Indianapolis, IN 46204

(Principal office address)

(Current mailing address, if different)

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

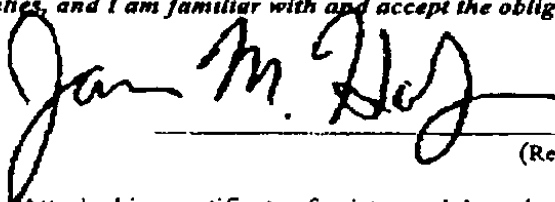
(City)

, 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.*



James Hatpin, Asst. 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.

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

## A. DIRECTORS

Chairman: Patrick T. Blair ✓Address: 9 Pine StreetNew York, NY 10005

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

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

Director: Laurie H. Benintendi ✓Address: 4361 Irwin Simpson RoadMason, OH 45040Director: Ronald W. Penczek ✓Address: 220 Virginia AvenueIndianapolis, IN 46204

## B. OFFICERS

President: Patrick T. Blair ✓Address: 9 Pine StreetNew York, NY 10005

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

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

Secretary: Kathleen S. Kiefer ✓Address: 220 Virginia Avenue, Indianapolis, IN 46204Treasurer: Vincent E. Scher ✓Address: 220 Virginia Avenue, Indianapolis, IN 46204

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. Kathleen S. Kiefer, Secretary

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

FILED  
2019 SEP 24 PM 4:46  
CLERK OF STATE  
ALABAMA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
APPENDIX A – ADDITIONAL OFFICERS  
CAREMARKET, INC.

**B. OFFICERS (cont.)**

Assistant Treasurer: Eric K. Noble

Address: 220 Virginia Avenue, Indianapolis, IN 46204

Assistant Secretary: Jeffrey W. Miller

Address: 21555 Oxnard Street, Woodland Hills, CA 91367

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 24 PM 4:46

FILED

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

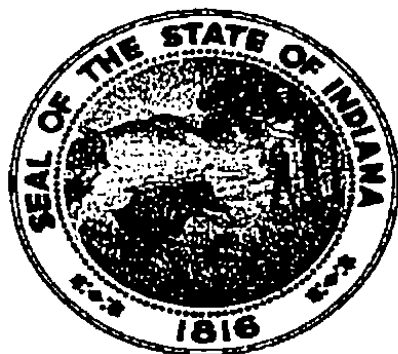
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CAREMARKET, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 13, 2019, and was in existence or authorized to transact business in the State of Indiana on September 09, 2019.

I further certify, this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 09, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201905131322251 / 20191096264

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 09, 2019.