

F19000005362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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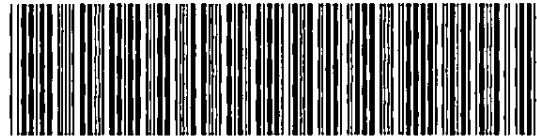
(Business Entity Name)

(Document Number)

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FILED
2019 NOV -8 PM 1:00
NEW YORK STATE
CLERK OF COURT

DEC 04 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continuing Care Risk Retention Group, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Steven Bevins

Name of Person

Risk Services

Firm/Company

58 East View Lane, Suite 2

Address

Barre, VT 05641

City/State and Zip Code

sbevins@pboa.com

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

For further information concerning this matter, please call:

Steve Bevins

802 223-2200
at ()

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Continuing Care Risk Retention Group, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Vermont 3. 20-0221911

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/28/03

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 58 East View Lane, Suite 2, Barre, VT, 05641

(Principal office street address)

(Current mailing address, if different)

8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Chief Financial Officer

Office Address: Office of Insurance Regulation, 200 East Gaines Street

Tallahassee

(City)

, Florida

32399

(Zip Code)

10. 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.

Chief Financial Officer

(Registered agent's signature)

11. 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.

2018 NOV -8 PM 1:01
FILED
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: John Wotring
☐ Vice Chairman Address: 726 College Avenue
☒ Director Santa Rosa, CA 95404
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Bates
☐ Vice Chairman Address: 726 College Avenue
☒ Director Santa Rosa, CA 95404
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: B. Troy Winch
☐ Vice Chairman Address: 1605 Main Street, Ste. 800
☒ Director Sarasota, FL 34236
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Renee LaGue
☐ Vice Chairman Address: 58 East View Lane, Ste. 2
☐ Director Barre, VT 054641
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Asst. Secretary ☐ Other: _____

☐ Chairman Name: Calvin Callaway
☐ Vice Chairman Address: 510 Mill Street
☒ Director Folsom, CA 95630
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Joseph Niccoli
☐ Vice Chairman Address: 585 Nut Tree Court
☒ Director Vacaville, CA 95687
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Renee LaGue
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Renee LaGue, Assistant Secretary
(Typed or printed name and capacity of person signing application)

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

CONTINUING CARE RISK RETENTION GROUP, INC.

a Domestic Non-profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Dec 31, 2015.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

November 05, 2019

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos
Vermont Secretary of State

Business ID: 0309624
Certificate Number: 2013640181001