

11/4/20

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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**FOREIGN PROFIT/NONPROFIT CORPORATION****HealthSmart Preferred Network II, Inc.**

Certificate of Status	0
Certified Copy	1
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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.

HealthSmart Preferred Network II, Inc.

1. HealthSmart Preferred Network II, 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. Delaware 3. 06-1624170  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/29/01 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. 222 W Las Colinas Blvd., Ste. 500N, Irving, TX 75039  
(Principal office address)

7700 Forsyth Blvd., St. Louis, MO 63105  
(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, Florida 33324  
(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.*

C T Corporation System

By: Terrie Bates  
By: Terrie Bates, Asst. Secy (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**

~~XXXXXXXX~~ Jesse Hunter  
~~Chairman~~

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

~~XXXXXXXXXX~~ Christopher Koster  
~~Vice Chairman~~

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

Director: Jeffrey Schwaneke

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

Director:

Address:

**B. OFFICERS**

President: Phillip Christianson

Address: 222 W Las Colinas Blvd., Ste 500N

Irving, TX 75039

Vice PresidentX Tax, Tricia Dinkelman

Address: 7700 Forsyth Blvd.

St. Louis, MO 63105

Secretary: Sarah Bittner

Address: 222 W Las Colinas Blvd., Ste. 500N, Irving, TX 75039

Treasurer: Jeffrey Schwaneke

Address: 7700 Forsyth Blvd., St Louis, MO 63105

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Tricia Dinkelman

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. Tricia Dinkelman, Vice President, Tax

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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSMART PREFERRED NETWORK II, 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 THIRD DAY OF NOVEMBER, A.D. 2020.

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

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



3397029 8300

SR# 20208198060

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

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

Authentication: 204000067

Date: 11-03-20