

F24000000418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

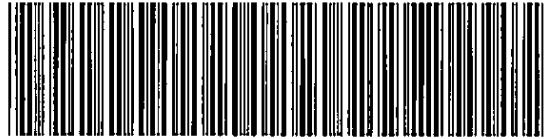
Certificates of Status _____

Special Instructions to Filing Officer:

W24-11438

W24-11438

Office Use Only



700422522577

SECRET

RECEIVED

WILLIAMSSEE, FLORIDA

JAN 26 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2024

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: QC-MEDI NEW YORK, INC.
Ref. Number: W24000011438

We have received your document for QC-MEDI NEW YORK, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no attached list of Officer/Directors.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 624A00001525

RECEIVED
2024 JAN 25 PM 1:06
TALLAHASSEE, FL 32314

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/24/2024

Acc#I20160000072

en: c JH

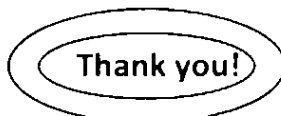
Name:	QC-Medi New York, Inc.
Document #:	
Order #:	15339424

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QC-Medi New York, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Caitlin Vanover

Name of Person

Humana

Firm/Company

500 West Main Street

Address

Louisville, KY 40202

City/State and Zip code

cvanover2@humana.com

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

For further information concerning this matter, please call:

Caitlin Vanover

at (502) 741-0301

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

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 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. QC-Medi New York, 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. New York 3. 11-2750425
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/18/1985 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. 500 West Main Street, Louisville, KY 40202
(Principal office street 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 FL 33324
(City) (Zip code)

2024 JAN 24 AM 9:57

FILED

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: Stephen Rullis

Stephen Rullis, 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. 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: See attached list

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

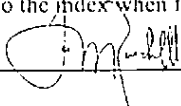
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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.

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. Joseph Matthew Ruschell, Vice President, Associate General Counsel and Corporate Secretary
(Typed or printed name and capacity of person signing application)

Entity Name: QC-Medi New York, Inc.

Name	Title	Address Line 1
Benoit, Susan Elizabeth	Director	500 West Main Street, Louisville, KY 40202
Diamond, Susan Marie	Director	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Director	500 West Main Street, Louisville, KY 40202
Diamond, Susan Marie	Chief Financial Officer	500 West Main Street, Louisville, KY 40202
Benoit, Susan Elizabeth	President, Home Health	500 West Main Street, Louisville, KY 40202
Edwards, Douglas Allen	Senior Vice President, Enterprise Associate & Business Solutions	500 West Main Street, Louisville, KY 40202
Feld, Daniel Kevin	Director, Tax	500 West Main Street, Louisville, KY 40202
Marcoux, Jr., Robert Martin	Vice President & Treasurer	500 West Main Street, Louisville, KY 40202
Nichols, John	Authorized Signatory, Licensure and Certification	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Vice President, Associate General Counsel and Corporate Secretary	500 West Main Street, Louisville, KY 40202

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	QC-MEDI NEW YORK, INC.
DOS ID Number:	1012853
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/18/1985
Statement Status:	CURRENT
Statement Due Date:	07/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 23, 2024 at 04:35 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005053247 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>