

# F95000004968

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: CNR Health, Inc.  
(Name of corporation - must include suffix)

500001594015  
-09/26/95--01108--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Judy Zelhofer  
(Name of Person)  
CNR Health, Inc.  
(Firm/Company)  
2400 S. 102nd St., Suite 100  
(Address)  
Milwaukee, WI 53227  
(City, State and Zip Code)

W95-19344

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 12 PM 3:11  
WJ  
10/12

Should you need to call someone concerning this matter, please call:

Judy Zelhofer at ( 414 ) 327-4571 ext. 554  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

1995

24  
INCORPORATED  
ST., SUITE 100  
MILWAUKEE, WI 53227

**SUBJECT: CNR HEALTH, INCORPORATED**  
Ref. Number: W95000019344

We have received your document for CNR HEALTH, INCORPORATED and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 495A00044111



October 2, 1995

VIA CERTIFIED MAIL

Mr. Lee Rivers  
Document Examiner  
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Ref. Number: W95000019344

Dear Mr. Rivers,

In response to your letter of September 27, 1995, enclosed is a certificate of existence for CNR Health, Inc. which was inadvertently omitted from CNR's application for authorization to transact business in Florida. I verified with your office today that the certificate would be acceptable even though it is dated June 30, 1995 and therefore was issued more than 90 days prior to the date of this letter.

I apologize for any inconvenience the omission of this document from the original application may have caused. Please direct any questions concerning this application to me at (414) 327- 4571 ext. 554.

Sincerely,

A handwritten signature in cursive script, reading "Judith L. Zelhofer", is positioned above the typed name.

Judith L. Zelhofer  
Risk Manager

Enclosures

jzelhofe\licenses\licert.ltr

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. CNR Health, Inc  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. Wisconsin 3. 39-0445022  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 14, 1985 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A. This application is being filed in anticipation of doing business in Florida.  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2400 S. 102nd St., Suite 100  
Milwaukee, WI 53227  
(Current mailing address)

8. Utilization review and case management of medical and behavioral health care.  
(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:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida, 32399-0300  
(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.*

Insurance Commissioner  
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Ralph Cavaiani

Address: 2400 S. 102nd St., Suite 100

Milwaukee, WI 53227

Vice Chairman: Dianne Kiehl

Address: 2400 S. 102nd St., Suite 100

Milwaukee, WI 53227

Director: Roger Formisano

Address: 401 W. Michigan St.

Milwaukee, WI 53203

Director: Tom Hefty

Address: 401 W. Michigan St.

Milwaukee, WI 53227

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Ralph Cavaiani

Address: 2400 S. 102nd St., Suite 100

Milwaukee, WI 53227

Vice President: Dianne Kiehl

Address: 2400 S. 102nd St., Suite 100

Milwaukee, WI 53227

Secretary: Dianne Kiehl

Address: Same

Treasurer: Dianne Kiehl

Address: Same

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

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

14. Ralph Cavaiani, President  
(Typed or printed name and capacity of person signing application)

*United States of America*  
State of Wisconsin

OFFICE OF THE SECRETARY OF STATE

*To All to Whom These Presents Shall Come, Greeting:*

I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that

CNR HEALTH, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is MAY 14, 1985.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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I further certify that said corporation has, during its most recently completed report year, filed with this office an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my official  
seal, at Madison, on JUNE 30, 1995.



*Douglas La Follette*

DOUGLAS LA FOLLETTE  
Secretary of State

BY: *Patricia Weber*

*The above certificate contains the statements prescribed by the Wisconsin Business Corporation Law for a certificate of status. Under current law, the status of a corporation is not described in terms of "good" or "bad" standing.*

F95000004968



February 23, 1996

VIA CERTIFIED MAIL

Qualification/Tax Lien Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

This is to inform you that CNR Health, Inc. (Qualification document number F95000004968) has moved its corporate headquarters to 2514 South 102nd Street, Milwaukee, Wisconsin 53227.

If you have any questions about this matter, please call the undersigned at (414) 327-8373.

Sincerely,

A handwritten signature in cursive script, reading "Judith L. Zelhofer".

Judith L. Zelhofer  
Risk Manager

rskmgmnt\licenses\letters\fladdchg.doc

*Change of Principal office*  
*Hc 3/11*  
*sent 9/6 AR*