

F96000000575

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

8/2/5
96 FEB - 5 AM 11:46
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBJECT: CarePLUS Network dba VertiHealth
(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", 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:

Carol A. Berry

(Name of Person)

VertiHealth Administrative Services

(Firm/Company)

20550 Nordhoff Street

(Address)

Chattworth, CA 91311

(City, State and Zip Code)

W96-1939

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

Linda Long

(Name of Person)

at (818) 734 - 4766

Area Code & Daytime Telephone Number

600001695936
-01/23/96--01091--003
*****78.75 *****78.75

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

January 25, 1996

CAROL A. BERRY
VERTIHEALTH ADMINISTRATIVE SERVICES
20550 NORDHOFF ST.
CHATSWORTH, CA 91311

SUBJECT: CAREPLUS NETWORK
Ref. Number: W96000001939

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DIVISION OF CORPORATIONS
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We have received your document for CAREPLUS NETWORK and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Your corporate name is available for use in the state of Florida. If you wish to transact business by any name other than the legal corporate name, you need to file a fictitious name application. Please find one enclosed for your convenience.

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) 487-6095.

Jennifer Sindi
Document Examiner

Letter Number: 196A00003323



**VertiHealth
Administrative
Services**

February 2, 1996

Jennifer Sindt
Document Examiner
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Dear Ms. Sindt:

I have enclosed the "Application by Foreign Corporation for Authorization to Transact Business in Florida" with the correction.

The actual filing of the "Fictitious Name Registration Packet" is on hold pending your assignment of the Florida registration number. If you feel it would speed things up, please call me at (800) 280-8008 extension 4766 with the number. This way, I will get the application off right away, if you still think it is necessary to file.

Thank you for your assistance.

Sincerely,

Linda L. Long
Administrative Assistant

cc: Carol Berry

A Commitment to Caring

•20550 Nordhoff Street, Chatsworth 91311

•Phone (818) 734-4700 • (800) 280-8008 • FAX (818) 727-1446



PRINTED ON RECYCLED PAPER

AN AFFILIATE OF UNIHEALTH AMERICA

**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. CarePLUS Network, Corp.
(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. California
(State or country under the law of which it is incorporated)
3. 95-3655687
(FEI number, if applicable)
4. 6/21/83
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Pending
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 20550 Nordhoff Street
Chatsworth, CA 91311
(Current mailing address)
8. Managed Healthcare Administration
(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)

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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.

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: John R. Cochran, III

Address: Martin Luther Hospital Med Ctr. 1830 W. Romney Drive
Anaheim, CA 92803

Vice Chairman: _____

Address: _____

Director: Eric S. Benveniste

Address: 3400 Riverside Drive
Burbank, CA 91505

Director: Terry Hartshorn

Address: 3400 Riverside Drive
Burbank, CA 91505

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

President: John R. Cochran, III

Address: 1830 W. Romney Drive
Anaheim, CA 92803

Vice President: _____

Address: _____

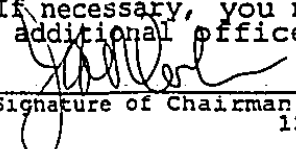
Secretary: Terry Hartshorn

Address: 3400 Riverside Drive
Burbank, CA 91505

~~Treasurer~~ ^{CEO} Eric S. Benveniste

Address: 3400 Riverside Drive Burbank, CA 91505

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

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

14. John R. Cochran, III President and CEO
(Typed or printed name and capacity of person signing application)

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State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 21st day of June, 19 83,

CAREPLUS NETWORK

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

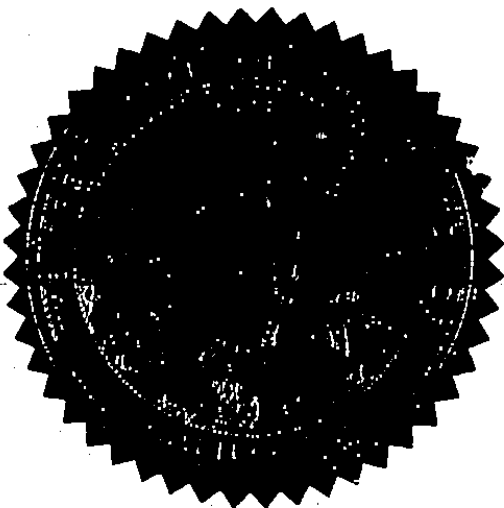
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
5th day of January 1996



Bill Jones
BILL JONES
Secretary of State

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