## 600000

#### CaliforniaCare Health Plans 21555 Oxnard Street • Woodland Hills, CA 91367

February 13, 1996

#### **VIA FEDERAL EXPRESS**

Florida Secretary of State Corporate Records Bureau 409 E. Gaines Street Tallahassee, FL 32399

WellPoint Pharmacy Management, Inc.

Florida Certificate of Authority

Dear Sir or Madam:

Enclosed for filing is an original executed Application for Authority for WellPoint Pharmacy Management, Inc. ("WellPoint"). Also enclosed is a Certificate of Good Standing for WellPoint and a check made payable to the Florida Secretary of State in the sum amount of \$70.00 to cover the applicable filing fee.

Please return evidence of the filing to me in the pre-paid, self-addressed Federal Express envelope which has been enclosed for your convenience.

Please contact me at (818) 703-3738 if you have any questions regarding the enclosed.

Sincerely,

Monica M. Williams

Transactional Project Manager

Monica Williams

Called 2/16 - Notice office with 22nd

**Enclosures** MW:

Thomas C. Geiser, Esq. (w/o encls.) CC: Kandy F. Waldie, Esq. (w/o encls.)



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

Fobruary 27, 1996

MONICA M. WILLIAMS CALIFORNIACARE HEALTH PLANS 21555 OXNARD ST WOODLAND HILLS, CA 91367

SUBJECT: WELLPOINT PHARMACY MANAGEMENT, INC. Ref. Number: W96000003633

We have received your document for WELLPOINT PHARMACY MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1200.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 796A00008433



#### FLORIDA DEPARTMENT OF STATE Sundra B. Mortham Secretary of State

April 4, 1996

KENNETH C. ZUREK WELLPOINT HEALTH NETWORKS 21555 OXNARD ST WOODLAND HILLS, CA 91367

SUBJECT: WELLPOINT PHARMACY MANAGEMENT, INC. Ref. Number: W96000003633

We have received your document for WELLPOINT PHARMACY MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide a notarized affidavit correcting the date first transacted business in Florida. You may alter your letter dated March 20, 1996 to be titled "Affidavit" and have it notarized or you may complete the enclosed affidavit I have provided 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) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 996A00015470



21555 Oxnard Street Woodland Hills, CA 91307

April 24, 1996

Florida Department of State
Divisions of Corporation
P. O. Box 6307
Tallahassee, FL 32314
Attn.: Hart Collins
Senior corporate Section Administrator

WellPoint Pharmacy Management, Inc. (WellPoint)
Ref. Number: W96000003633; your Letter of April 4, 1996

Gentlemen,

We have received your letter dated April 4, 1996 (copy attached), asking for corrections to our original "Application for Authority".

As you requested, we are enclosing a notarized Affidavit, and hope this will complete the process of our registration.

If you have any additional questions, please feel free to call me at 818-703-4594.

Very truly yours,

Roger Mierzwa

Director, State and Local Taxes

Attachment

cc: Monica Williams

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# AFFIDAVIT

On this day personally appeared before me, the undersigned officer duly authorized to administer onthe and
take acknowledgements Yon Yoon Jordan (Officer name)
who after having first been duly sworn, upon oath deposes and says as follows:
1. Imm Treasurer of WellPoint Pharmacy Management, Inc (capacity) (corporation name)
a corporation organized under the laws of
2. The "Application by Foreign Corporation for Authorization to Transact Business in Florida",
submitted to the Florida Department of State, contained erroneous information.
3. WellPoint Pharmacy Management, Inc. has not transacted business in (corporation name)  the State of Florida. The date of November 1, 199,5 stated in section six (6) of its (erroncous date)
(erroncous date) application is erroncous. The previous activities conducted within the State of Florida by said corporation did not constitute the transaction of business pursuant to section 607.1501, Florida Statutes.
4. The correct date the corporation shall begin conducting its affairs in Florida shall be upon qualification by the Florida Department of State.
L. L. A.
AFFIANT/OFFICER
On this 93 day of April , 1996 , Yon Yoon Jorden Personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
My Commission Expires: Oct 11, 1997. Molary Public Signature
MESAK SUEBSANG Notary's Printed Name
Seal  MESAK SUEBSANG COMM. # 1017133 Notory Public — Collifornia LOS ANGELES COUNTY My Comm. Expires OCT 11, 1997

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	. WellPoint Pharmacy Management, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "COR words or abbreviations of like import in language as will clearly indicate that it is a corp of a natural person or partnership if not so contained in the name at present.)	PORATIO poration i	N" or nstead
2.	. <u>Cal.</u> ; fornia 3. <u>95-4510</u>	กรด	
	(State or country under the law of which it is incorporated) (FEI numb	er, if appl	icable)
4.	December 8, 1994 5, perpetual		
	to an only will consider the por	petual")	
6.	11/1/95		
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817	7.156, F.	5.))
7.	21555 Oxnard Street, Woodland Hills, CA 91367		
		<del>-</del> -	
	(Current mailing address)	_	
8.	Clinical Phormacy Administration		
	(Purpose(s) of corporation authorized in home state or country to be carried out in the : Florida)	state of	<del></del>
9.	Name and street address of Florida registered agent:	95 HI	SECI
	Name: <u>C T CORPORATION SYSTEM</u>	9- AYH	
	Office Address: c/o C T Corporation System, 1200 South Pine Islan	d Road	
	Plantation , Florida, 33324	9 9	STAT
	(Zip Code)	27	) E
10.	. Registered agent acceptance:		
eg. eg.	ving been named as registered agent and to accept service of process for the proper and agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent.  C I CORPORATION SYSTEM	pointme provision	nt-as
	- CONTONATION STOTEM		
	(Registered agent's signature) (Officer)		
	Thomas C. Totaro  Lipungs C. Totaro  Lipungs C. Totaro  Assistant Secretary		
	(Type Name and Title of Officer)		

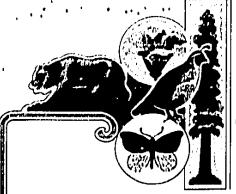
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

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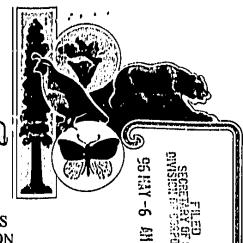
	Chairman:	Leonard D. Schaeffer	
	Address:	21555 Oxnard Street	
		Woodland Hills, CA 91367	
	Vice Chairman:		
	Address:		
	Director:	D. Mark Weinberg	
	Address:	27001 Agoura Road, Suite 325	
		Calabasas Hills, CA 91301	
	Director:	Ronald A. Williams	
	Address:	21555 Oxnard Street	
		Woodland Hills, CA 91367	
B. OFFICERS	,		
	President:	D. Mark Weinberg	
	Address:	27001 Agoura Road, Suite 325	
	<del></del>	Calabasas Hills, CA 91301	
	Vice President:		
	Address:		
	Secretary: _	Thomas C. Geiser	
		21555 Oxnard Street	
		Woodland Hills, CA 91367	

•	Treasurer: _	Yon Y. Jorden
	Addross:	21555 Oxnald Street
	_	Woodland Hilln, CA 91367
ana/or airecto	ors.	may attach an addendurn to the application listing additional officers
13. <u>The</u>	muso C. /2	CLO11
		Vice Chairman, or any officer listed in number 12 of the application)
14. Thomas		
Tribbea or b	ninteo name a	nd capacity of person signing application)



## State of Califormia

SECRETARY OF STATE



### CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

That on the _	8th	day of	December	, 19 <u>94</u>
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WELLPOINT PHARMACY MANAGEMENT, INC.

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
6th day of February, 1996.

BILL JONES Secretary of State

SEC/STATE DRM CE-112 (REV. 1-95)

95 28004

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