

F980000000358

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CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

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*****70.00 *****70.00

ChoiceCare Medical Group, Inc.

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☒ Profit

☐ NonProfit

☐ Amendment

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☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

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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:

1. ChoiceCare Medical Group, 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. Kentucky
(State or country under the law of which it is incorporated)
3. 61-1316551
(FEI number, if applicable)
4. November 17, 1997
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 500 W. Main Street, Louisville, Kentucky 40202
(Current mailing address)
8. To provide medical services to members of managed care organizations.
(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Susan J. Metz
(Registered agent's signature) (Officer)

Susan J. Metz
Assistant Secretary

(Type Name and Title of Officer)

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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:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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Treasurer: _____

Address: _____

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

13.

Joan O. Lenahan

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

14. Joan O. Lenahan, Secretary

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

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Corporation: Choicecare Medical Group, Inc.

NAME1	OFFICE1	OFFICE2	ADDRESS
Gregory H. Wolf	President	Director	
Jerry D. Reeves, M.D.	Chief Operating Officer	Director	
James E. Murray	Chief Financial Officer		
Michael B. McCallister	Senior Vice President	Director	3400 Lakeside Drive, Miramar, FL 33027
Kenneth J. Fasola	Vice President		
James W. Doucette	Vice President and Treasurer		
Thomas J. Liston	Vice President		
Heidi S. Margulis	Vice President		
Sheri E. Mitchell	Vice President		
Walter E. Neely	Vice President, Associate General Counsel and Assistant Secretary		
David R. Nelson	Vice President (Chief Actuary)		
Kirk E. Rothrock	Vice President	Director	
George G. Bauernfeind	Vice President		
Joan O. Lenahan	Secretary		
Kathleen Pellegrino	Assistant Secretary		
Gail A. Hohenstein	Assistant Secretary		

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John Y. Brown III
Secretary of State

Certificate of Existence

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I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CHOICECARE MEDICAL GROUP, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is November 17, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of January, 1998.

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky