

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

Managed Care USA Services, Inc.

LR 4/2

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\*\*\*2315.00 \*\*\*2315.00

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☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Limited Partnership

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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:

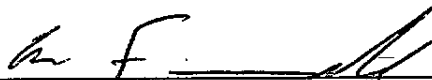
1. Managed Care USA Services, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. North Carolina  
(State or country under the law of which it is incorporated)
3. 56-1878710  
(FEI number, if applicable)
4. May 3, 1994  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. October 21, 1996  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 4401 Barclay Down Drive, Charlotte, North Carolina 28209-4604  
(Current mailing address)
8. General business purposes  
(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



(Registered agent's signature) (Officer)

**ALLAN FARNELL, 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: Steven M. Mariano

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: David H. Dunn

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604

Director: C. Sage Givens

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604

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B. OFFICERS

President: Steven M. Mariano

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: David H. Dunn

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604


Treasurer: Robert W. Granow

Address: 4401 Barclay Down Drive

Charlotte, North Carolina 28209-4604

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.

Robert W. Granow, Treasurer  
(Typed or printed name and capacity of person signing application)

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# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State  
of North Carolina, do hereby certify that

**MANAGED CARE USA SERVICES, INC.**

is a corporation duly incorporated under the laws of the State  
of North Carolina, having been incorporated on the 3rd day of  
May, 1994, with its period of duration being perpetual.

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I **FURTHER** certify that the said corporation's articles of  
incorporation are not suspended for failure to comply with the  
Revenue Act of the State of North Carolina; that the said  
corporation is not administratively dissolved for failure to  
comply with the provisions of the North Carolina Business  
Corporation Act; that its most recent annual report required  
by G.S. 55-16-22 **has not** yet been delivered to the Secretary of  
State; and that the said corporation has not filed articles of  
dissolution as of the date of this certificate.



**IN WITNESS WHEREOF**, I have hereunto set my  
hand and affixed my official seal at the City of  
Raleigh, this 24th day of March, 1998.

*Elaine F. Marshall*

Secretary of State