

Document Number Only

F980000025/6

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

400002509234--3  
-05/04/98--01039--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Hunter Risk Resources Corp. Inc.

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D5/4

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☐ Limited Liability Partnership

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Thanks, Melanie

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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. HealthRisk Resource 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. Iowa  
(State or country under the law of which it is incorporated)
3. 52-2085838  
(FEI number, if applicable)
4. March 10, 1998  
(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. 711 High Street, Des Moines, Iowa 50392  
(Current mailing address)
8. See attached purpose clause  
(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)

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## 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

James M Halpin  
(Registered agent's signature) (Officer)

James M. Halpin, Asst. Secy.

(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:

A. DIRECTORS

Chairman: Thomas J. Graf

Address: 711 High Street  
Des Moines, Iowa 50392

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: See attached list of officers

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

\_\_\_\_\_

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

13. Mary L. Bricker

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

14. Mary L. Bricker, Assistant Secretary

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

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of  
HealthRisk Resource Group, Inc.**

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An Iowa general business corporation engaged in providing managed care expertise and administrative services to provider organizations involved in risk-assuming contracts for health care services.

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of  
HealthRisk Resource Group, Inc.**

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1. Steven C. Whitty, President  
711 High Street  
Des Moines, Iowa 50392
2. Stanley Kachnowski, Vice President  
711 High Street  
Des Moines, Iowa 50392
3. Joyce N. Hoffman, Vice President and Corporate Secretary  
711 High Street  
Des Moines, Iowa 50392
4. Mary L. Bricker, Assistant Corporate Secretary  
711 High Street  
Des Moines, Iowa 50392

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No. 00090704  
Date: 04/30/1998

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NANCY

## SECRETARY OF STATE

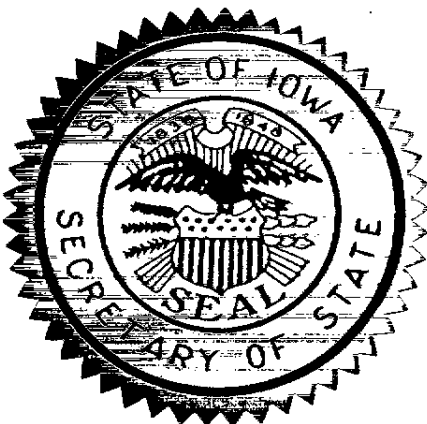
DES MOINES, IA 50312

### CERTIFICATE OF EXISTENCE

Name: HEALTHRISK RESOURCE GROUP, INC.  
Begin date: 19980310  
Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

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A handwritten signature in cursive script that reads "Paul D. Pate".

SECRETARY OF STATE



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