

UCC SERVICES

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Walk In Mail Out	Pick Up Time  RUSH	Certified Copy - Deach  Certificate of Status  Certificate of Good Standing - Quach  ARTICLES ONLY  ALL CHARTER DOCS
NEW FILINGS Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS  Amendment  Resignation of R.A. Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other	Certificate of FIGHTIOUS NAME  FICTITIOUS NAME SEARCH  CORP SEARCHEST STATE  CORP SEARCH
Ordered By:  Date:		а н <u>а</u>

## 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.	(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.	NEW YORK  (State or country under the law of which it is incorporated)  (FEI number, if applicable)	
4.	JULY 23, 1981 5. PERPETUAL  (Date of Incorporation) (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 817.155, F.S.)	E
7.	PORT WASHINGTON, NY 11050	D
	(Current mailing address)	
8.	PRESCRIPTION BENEFITS MANAGER  (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: <u>NRAI Services</u> , Inc.	-
	Office Address: 526 E. Park Avenue	
	Tallahassee , Florida , 32301 (Zip Code)	

## 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.

(Redistered 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.

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Chairman:	GERALD SHAPIRO	
Address: _	26 Harbor Park Drive	
_	Port Washington, NY 11050	
Vice Chairt	nan:	-
Address: _		-i
Director: _	Bert E. Brodsky	
Address: _	26 Harbor Park Drive	
_	Port Washington, NY 11050	П
Director: _	Linda Portney	_
Address: _	26 Harbor Park Drive	m
_		1 3
B. OFFIC	Port Washington, NY 11050  CERS (Street address only- P. O. Box NOT acceptable)	)
President:	Bert E. Brodsky	
	26 Harbor Park Drive	
	Port Washington, NY 11050	
Executive Vice Presid	denyOperations: Linda Portney	
	26 Harbor Park Drive	-
	Port Washington, NY 11050	
	Gerald Shapiro	-
Address: _	26 Harbor Park Drive	
_	Port Washington, NY 11050	
Treasurer:	Barry Denaro	
	26 Harbor Park Drive	•
	Port Washington, NY 11050	
NOTE: If officers and	necessary, you may attach an addendum to the application listing additional d/or directors.	

Bert E. Brodsky, President
(Typed or printed name and capacity of person signing application)

5:21PM

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## **ADDENDUM ATTACHED TO ITEM 12** ADDITIONAL DIRECTORS AND OFFICERS

12. A. **DIRECTORS** 

Director: Gerald Angowitz

Address: c/o RJR Nabisco

1301 Avenue of the Americas

New York, NY 10019

Director: Address: Richard Jay Strauss, M.D. 1000 Northern Boulevard

Great Neck, NY 11021

12. В. **OFFICERS** 

Executive Vice President/Sales:

Address:

Mary T. Casale

26 Harbor Park Drive

Port Washington, NY 11050

## State of New York Department of State

I hereby certify, that the certificate of incorporation of NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC. was filed on 07/23/1981, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Certificate of Amendment was filed on 01/09/1987.

A Certificate of Amendment was filed on 04/21/1987.

A Biennial Statement was filed 07/01/1998.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of November one thousand nine hundred and ninety eight.

MENT OF

Special Deputy Secretary of State

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SECRETARY DE STATE