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Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

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*****87.50 *****87.50

CORPORATION(S) NAME

Companion Healthcare Corporation

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TALLAHASSEE, FLORIDA

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
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JOEY

7/8/99

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Companion HealthCare Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

N. Wes Strickland

(Name of Person)

Foley & Lardner

(Firm/Company)

300 East Park Avenue

(Address)

Tallahassee, Florida 32301

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

N. Wes Strickland

(Name of Person)

at (850) 222-6100

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. **Companion HealthCare Corporation**

(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. **South Carolina**

(State or country under the law of which it is incorporated)

3. **57-0768835**

(FEI number, if applicable)

4. **February 13, 1984**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **No business transacted in Florida to date.**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **200 Arbor Lake Drive**

Columbia, South Carolina 29223

(Current mailing address)

8. **Insurance Third Party Administrator**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation, Florida, **33324**

(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.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Connie Bryan
(Registered 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Please see attached addendum

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Please see attached addendum

Address: _____

Vice President: _____

Address: _____

Secretary: _____

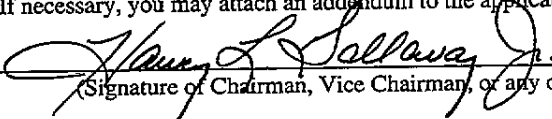
Address: _____

Treasurer: _____

Address: _____

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

13. _____



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

14. _____

Harvey L. Galloway, Jr., Executive Vice President

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

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ADDENDUM
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA
COMPANION HEALTHCARE CORPORATION

A. DIRECTORS

Chairman : M. Edward Sellers
200 Arbor Lake Drive
Columbia, South Carolina 29223

Director : Joseph F. Sullivan
200 Arbor Lake Drive
Columbia, South Carolina 29223

Director: Thomas G. Faulds
200 Arbor Lake Drive
Columbia, South Carolina 29223

Director: Harvey L. Galloway, Jr.
200 Arbor Lake Drive
Columbia, South Carolina 29223

Director: Bruce E. Honeycutt
200 Arbor Lake Drive
Columbia, South Carolina 29223

Director: Judith M. Davis
200 Arbor Lake Drive
Columbia, South Carolina 29223

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B. OFFICERS

Chief Executive Officer M. Edward Sellers
200 Arbor Lake Drive
Columbia, South Carolina 29223

President: Thomas G. Faulds
200 Arbor Lake Drive
Columbia, South Carolina 29223

Executive Vice President
& Chief Operating Officer: Harvey L. Galloway, Jr.
200 Arbor Lake Drive
Columbia, South Carolina 29223

ADDENDUM
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA
COMPANION HEALTHCARE CORPORATION

B. Officers (continued)

Vice President &
Chief Medical Officer John M. Little, Jr., M.D.
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President: Ann T. Burnett
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President: Charles B. Campbell
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President Gary M. Keller
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President Mary P. Mazzola
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President
Assistant Treasurer Geraldine T. Molony
200 Arbor Lake Drive
Columbia, South Carolina 29223

Vice President David S. Pankau
200 Arbor Lake Drive
Columbia, South Carolina 29223

Secretary: Vivian B. Gray
200 Arbor Lake Drive
Columbia, South Carolina 29223

Treasurer: Robert A. Leichtle
200 Arbor Lake Drive
Columbia, South Carolina 29223

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TALLAHASSEE, FLORIDA

ADDENDUM
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COMPANION HEALTHCARE CORPORATION

B. Officers (continued)

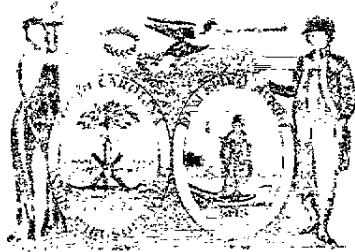
Assistant Secretary: Ann H. Weldon
200 Arbor Lake Drive
Columbia, South Carolina 29223

Audit Officer: Charles L. Higgins
200 Arbor Lake Drive
Columbia, South Carolina 29223

Senior Actuary: C. Michael Jordan
200 Arbor Lake Drive
Columbia, South Carolina 29223

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The State of South Carolina



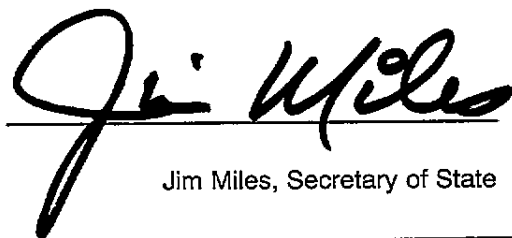
Office of Secretary of State Jim Miles **Certificate of Existence**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

COMPANION HEALTHCARE CORPORATION,

a corporation duly organized under the laws of the State of South Carolina on **February 13th, 1984**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of June, 1999.


Jim Miles, Secretary of State