## F99000005898

## TRANSMITTAL LETTER

To:

Registration Section

Division of Corp	orations				
SUBJECT: Spectri	ım Managed Care, Inc (Name of corporation	on - must include suffix)			
Dear Sir or Madam:		50	000304 -11/12/99 *****87.	2/9901091002	
	on by Foreign Corporation for ", and check are submitted to a da.				
Please return all correspo	ondence concerning this matter	r to the following:		HLM	
Barı	ry Stratton				
	(Name o	f Person)			
Ward	l North America, Inc.				
,	(Firm/Co	ompany)	· ·		
610	West Ash Street, Suite	e 1500			
	(Add	lress)	····	9 <u>.</u>	
San	Diego, CA 92101			AON E	
	(City/St	ate/Zip)		7	
Should you need to call s  Barry Stratton	someone concerning this matte		101	DIVISION OF CORPCRATIONS 99 NOV 12 PM 2: 05	
(Name of Person	at (619 (Area	) 557-2777 Ext. Code & Daytime Teleph	- <del></del>	<del></del>	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS  Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S: ns	-	
Enclosed is a check for the	ne following amount:				
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified (	of Status &	



November 8, 1999

State of Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Spectrum Managed Care, Inc.

Dear Florida Department of State:

Enclosed please find the "Application by Foreign Corporation for Authorization to Transact Business in Florida" for Spectrum Managed Care, Inc.

I am also including our payment in the amount of \$87.50, check number 005543, dated 11/04/99, and the Certificate from the State of Texas Secretary of State.

At your earliest convenience, please review this documentation and contact me with any questions or request for additional information you may need for this process.

Thank you very much for your time. Your assistance in this matter is greatly appreciated.

Sincerely,

Barry Stratton

PH: 619-557-2777 FAX: 619-557-2767

## 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. Specti	rum Managed Care, Inc.			
words or ab	orporation; must include the wor breviations of like import in lan on or partnership if not so contain	guage as will clearly inc	"COMPANY", "CORPORATION licate that it is a corporation instead ent.)	" or l of a
			75–2664383	
2. Texas	untry under the law of which it is	3.	(FEI number, if applic	able)
				•
	20, 1996		erpetual on: Year corp. will cease to exist or	r "nornetual")
	(Date of incorporation)	(Durain	on. Tear corp. will cease to exist of	perpetuar )
6	Upon Qualificati	on	_	11.79
(Date first tr	ansacted business in Florida. If (SEE SEC	corporation has not tran CTIONS 607.1501, 607	sacted business in Florida, insert "t 1502 and 817.155, F.S.)	ipon qualification.")
7. a 101	East Kennedy Blvd., Su	iite 2980 Tampa	, Florida 33602 <u> </u>	***************************************
<b>—</b>	(P	rincipal office address)		
<b>b.</b> 610	West Ash Street, Suite	e 1500 San Die	go, CA 92101	
<u> </u>	(C	urrent mailing address)		
8. Medical	L cost containment & u	tilization revie	w organization.	
(Purp	oose(s) of corporation authorized	in home state or count	y to be carried out in state of Florid	ia)
9. Name and	street address of Florida re	gistered agent: (P.O	. Box or Mail Drop Box <u>NOT</u> a	cceptable) 👸 💆
Name	377 1 T G TW			NON I
1 vanile		-	• • • • •	HAT PART
Office Addres	ss:526 East Park Av	enue		10 025 - 2 02 <u>0</u>
	Tallahassee		, Florida 32301	P ORPES
	Tallanassee		(Zip code)	STATE STATE OF STATE
			(	<b>55</b>
10. Register	ed agent's acceptance:		·	0,
in this applica comply with th	tion, I hereby accept the appoin	atment as registered age tive to the proper and c egistered agent.	ess for the above stated corporation that and agree to act in this capacity complete performance of my duties, narles Baclet, Vice Press	v. I further agree to and I am familiar with
		egistered agent's signat		,

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 a	and business addresses of officers and/or directors:	
A. DIRECT	TORS	
Chairman: _	Jeffrey S. Ward	_
Address:	610 West Ash Street, Suite 1500	
	San Diego, CA 92101	
Vice Chairm	pan;	
Address:		
Director:		
— Director:		
B. OFFICI	ERS	
President: _	Diana Rollinson Hamilton	
Address:	8585 Stemmons Freeway, Suite 200 South	
	Dallas, Texas 75247	
	nt:	-
		****
Secretary:		
Address:		
NOTE: If n	necessary, you may attach an addendum to the application listing additional officers and/or directors.	
3.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
A	Laffwar C. Mard. Chairman & CEO	

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



IT IS HEREBY CERTIFIED that Articles of Incorporation of

SPECTRUM MANAGED CARE, INC. File No. 1411703-00

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on November 3, 1999.

Elton Bomer Secretary of State

DAE