M12000005218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12000047656

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 18 2012
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2012

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: MANAGED CARE NETWORK SERVICES, LLC
Ref. Number: W12000047656

We have received your document for MANAGED CARE NETWORK SERVICES, LLC and the authorization to debit your account in the amount of $125.00. However, the document has not been filed and is being returned for the following:

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 312A00023264

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **09-14-2012**

NAME: MANAGED CARE NETWORK SERVICES, LLC

TYPE OF FILING: **APPLICATION BY FOREIGN LLC TO TRANSACT BUSINESS IN FLORIDA**

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COST: **$125**

RETURN:

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANAGED CARE NETWORK SERVICES, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ryan Ermis
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

1700 Directors Blvd., Suite 300
Address

Austin, TX 78744
City/State and Zip Code

nichole.lewis@mcmcllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Ermis at (888) 705-7274
Name of Person — Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MANAGED CARE NETWORK SERVICES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-0926698
(FEI number, if applicable)

4. 09/04/2012
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 300 Crown Colony Dr. Suite 203
Quincy, MA 02169
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:
See attached list

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Managed Care Managing Claims company which offers customized managed care, medical bill review, and integrated service programs.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Pamela Ochs-Plasecki
Typed or printed name of signee

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TALLAHASSEE, FLORIDA
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Managed Care Network Services, LLC

List of Members:

Robert E. Brown, Jr., Esq.

201 King of Prussia Road

Suite 240

Radnor, PA 19087

Peter Goldschmidt

5800 Madaket Road

Bethesda, MD 20816-3201

Tom Penn

201 King of Prussia Road

Suite 240

Radnor, PA 19087

Mike Lindberg

123 Bloomingdale Ave., Suite 201

Wayne, PA 19087

Rob Reisley

2501 Panama Street

Philadelphia, PA 19103

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Grace Ann Monaco

11356 Pine Hill Road

King George, VA 22485

Ryan Northington

201 King of Prussia Road

Suite 240

Radnor, PA 19087

Pamela Ochs-Piasecki

300 Crown Colony Drive

Suite 203

Quincy, MA 02169

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is:

MANAGED CARE NETWORK SERVICES, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Registered Agent Solutions, Inc.
(Name)

155 Office Plaza Dr., Suite A
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Art Flores, Asst Sec
(Signature)

$ 100.00	Filing Fee for Application
$ 25.00	Designation of Registered Agent
$ 30.00	Certified Copy (optional)
$ 5.00	Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANAGED CARE NETWORK SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANAGED CARE NETWORK SERVICES, LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5207229 8300

AUTHENTICATION: 9846149

121031884

DATE: 09-14-12

You may verify this certificate online at corp.delaware.gov/authver.shtml