

MI4000008881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

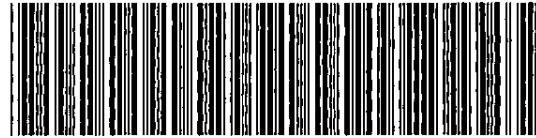
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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14 DEC 11 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
14 DEC 11 PM 4:25

T. Birch DEC 12 2011

ACCOUNT NO. : I20000000195

REFERENCE : 417617 4352697

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : December 11, 2014

ORDER TIME : 3:19 PM

ORDER NO. : 417617-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA MSO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Humana MSO, 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:

Jill Pearse

Name of Person

Humana Inc.

Firm/Company

500 W. Main Street, c/o Law Department

Address

Louisville, KY 40202

City/State and Zip Code

jpearse@humana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Pearse

502

476-9752

Name of Contact Person

at ( )

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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Humana MSO, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

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

3. 46-5329373

(FEI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 500 W. Main Street, c/o Law Department

Louisville, Kentucky 40202

(Street Address of Principal Office)

6. 500 W. Main Street, c/o Law Department

Louisville, Kentucky 40202

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See Attached list.

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, 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.)

Joseph C. Ventura, Assistant Corporate Secretary

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Humana MSO, 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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 11 PM 3:40

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*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 605, Florida Statutes.*

Corporation Service Company

By:



(Signature)

**Courtney Williams  
Asst. Vice President**

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

## Directors/Officers Report

As of December 11, 2014

**Humana MSO, LLC**

### Directors

**Bruce Dale Broussard**

*Manager*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**James Elmer Murray**

*Manager*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Roy Ainsworth Beveridge, M.D.**

*Manager*

Primary Address

500 W. Main Street  
Louisville, Kentucky 40202

## Directors/Officers Report

As of December 11, 2014

**Humana MSO, LLC**

### Officers

**Bruce Dale Broussard**

*President*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Roy Ainsworth Beveridge, M.D.**

*Senior Vice President and Chief Medical Officer*

Primary Address

500 W. Main Street  
Louisville, Kentucky 40202

**Brian Andrew Kane**

*Senior Vice President and Chief Financial Officer*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Brian Phillip LeClaire**

*Senior Vice President and Chief Information Officer*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

## Directors/Officers Report

As of December 11, 2014

### Humana MSO, LLC

**Steven Edward McCulley**

*Senior Vice President and Chief Accounting Officer*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Timothy Patrick O'Rourke**

*Segment Vice President*

Primary Address

550 West Adams Street  
Chicago, Illinois 60661

**Patrick Adams**

*Vice President*

**John Gregory Catron**

*Vice President and Chief Compliance Officer*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202



## Directors/Officers Report

As of December 11, 2014

**Humana MSO, LLC**

**M. Grace Hodge**

*Vice President*

**Charles Frederic Lambert, III**

*Vice President*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Joan Olliges Lenahan**

*Vice President and Corporate Secretary*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Donald Hank Robinson**

*Vice President - Tax*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

## Directors/Officers Report

As of December 11, 2014

**Humana MSO, LLC**

**Ralph Martin Wilson**

*Vice President*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Robert Grossman, M.D.**

*Medical Director*

**Joseph Christopher Ventura**

*Assistant Corporate Secretary*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANA MSO, 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 ELEVENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUMANA MSO, LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2014.

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

FILED  
14 DEC 11 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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141524528

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1948763

DATE: 12-11-14