

10/1/2020

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
PRIMARY CARE HOLDINGS II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Primary Care Holdings II, 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.

Mehrya Nawabi

Name of Person

Humana Inc.

Firm/Company

500 West Main Street

Address

Louisville, KY 40202

City/State and Zip Code

mnawabi4@humana.com

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

For further information concerning this matter, please call.

Mehrya Nawabi

502

580-3691

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Primary Care Holdings II, 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)

35-2640679

3. (FBI number, if applicable)

09/21/2020

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

500 West Main Street

(Street Address of Principal Office)

Louisville, KY 40202

500 West Main Street

6. (Mailing Address)

Louisville, KY 40202

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name.

Corporation Service Company

Office Address

1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

## Registered agent's acceptance:

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 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.

Corporation Service Company

By:

(Registered agent's signature)

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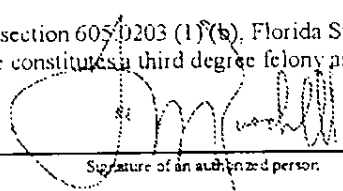
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name. _____	<input type="checkbox"/> Manager	Name. _____
<input type="checkbox"/> Member	Address. _____	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name. _____	 <input type="checkbox"/> Manager	 Name. _____
<input type="checkbox"/> Member	Address. _____	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name. _____	 <input type="checkbox"/> Manager	 Name. _____
<input type="checkbox"/> Member	Address. _____	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

  
Signature of an authorized person.

Joseph M. Ruschell, Associate VP, Assistant Gen. Counsel and Corporate Secretary

Typed or printed name of signer

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## Directors/Officers Report

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### Primary Care Holdings II, LLC

William Kevin Fleming	Manager
Bruce Dale Broussard	Manager
Renee Jacqueline Buckingham	Manager

### Officers

Brian Andrew Kane	Chief Financial Officer
Douglas Allen Edwards	Senior Vice President, Workplace Experience
Donald Hank Robinson	Senior Vice President, Tax
Cynthia Hillebrand Zipperle	Senior Vice President, Chief Accounting Officer & Controller
Renee Jacqueline Buckingham	President
Alan James Bailey	Vice President and Treasurer
Kate Blackmon	Vice President - Primary Care
Patrick Nicholas Judd	Vice President, Finance
William Mark Preston	Vice President, Investments
Joseph Matthew Ruschell	Associate Vice President, Assistant General Counsel and Corporate Secretary
Ralph Martin Wilson	Vice President

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMARY CARE HOLDINGS II, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY CARE HOLDINGS II, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7061479 8300

SR# 20207483149

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203734705

Date: 09-25-20

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