

P15 000000 5946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

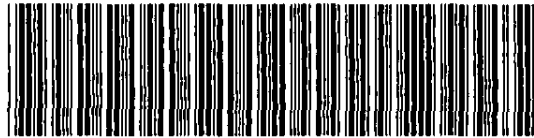
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
15 JAN 22 AM 10:47:15 JAN 22 AM 10:46
DIVISION OF CORPORATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

ACCOUNT NO. : I20000000195

REFERENCE : 468822 4352697

AUTHORIZATION :

Spuddelema

COST LIMIT : \$ 78,75

ORDER DATE : January 21, 2015

ORDER TIME : 9:43 AM

ORDER NO. : 468822-005

CUSTOMER NO: 4352697

DOMESTIC FILING

NAME: PARTNERS IN INTEGRATED CARE,
INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert O'byrne - EXT. 62053

EXAMINER'S INITIALS: _____

COVER LETTER.

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Partners in Integrated Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jill Pearse
Name (Printed or typed)
500 W. Main Street
Address
Louisville, Kentucky 40202
City, State & Zip
502-476-9752
Daytime Telephone number
jpearse@humana.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Partners in Integrated Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 W. Main Street

c/o Corporate Secretary

Louisville, Kentucky 40202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care Management Company

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: See attached list

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVAL
AND

Partners in Integrated Care, Inc.

15 JAN 22 AM 10:46

Directors

Bruce Dale Broussard

Director

Primary Address

500 West Main Street Louisville, Kentucky 40202

SECRETARY OF STATE
TALLAHASSEE FLORIDA

James Elmer Murray

Director

Primary Address

500 West Main Street Louisville, Kentucky 40202

Roy Alnsworth Beveridge, M.D.

Director

Primary Address

500 W. Main Street Louisville, Kentucky 40202

Officers

Jaewon Rvu. M.D., JD

President

Primary Address

500 W. Main Street Louisville, Kentucky 40202 (Ur

Roy Alnsworth 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

Alan James Bailey

Vice President and Treasurer

Primary Address

500 West Main Street Louisville, Kentucky 40202

Eric B. Jenkins

Vice President

Primary Address

500 West Main Street Louisville, Kentucky 40202

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

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William Mark Preston

Vice President-Investment Management

Primary Address

500 W. Main StreetLouisville, Kentucky 40202

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Donald Hank Robinson

Vice President - Tax

Primary Address

500 West Main StreetLouisville, Kentucky 40202

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ralph Martin Wilson

Vice President

Primary Address

500 West Main StreetLouisville, Kentucky 40202

Joseph Christopher Ventura

Assistant Corporate Secretary

Primary Address

500 West Main StreetLouisville, Kentucky 40202

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(cont.)

15 JAN 22 AM 10:46

Name and Title: _____ Name and Title: SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

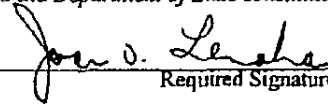
The name and address of the Incorporator is:

Name: Joan O. Lenahan
Address: 500 W. Main Street
Louisville, Kentucky 40202

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Corporation Service Company

By:  **Robert O'Byrne** 1/21/2015
Required Signature/Registered Agent **Vice President** Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 1/21/2015
Required Signature/Incorporator Date