

Document Number Only

P960000085027

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
901-222-1092
CORPORATION(S) NAME

000001874553-18
10/15/96 01154-025
***122.50 ***122.50

RECEIVED
OCT 15 11:25
DIVISION OF CORPORATION

Emmi Managed Care Services, Inc.

☒ Profit - Articles

☐ NonProfit

☐ Amendment

☐ Merger

☐ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☒ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS/ G/S

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

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Name
Availability
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Acknowledgment
W.P. Verifier

10/15/96

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CR2E031 (1-89)

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

IMMI MANAGED CARE SERVICES, INC.

FILED

96 OCT 15 PM 1:19

TO THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I.

The name of the corporation is: IMMI Managed Care Services, Inc.

ARTICLE II.

The period of its duration is perpetual.

ARTICLE III.

The purpose for which the corporation is organized is to: (1) Function as a Third Party Administrator as defined by the laws of the State of Florida and any other jurisdiction in which it may function; and (2) Engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

ARTICLE IV.

The aggregate number of shares which the corporation shall have authority to issue is 1,000 shares at One Dollar and 00/00 (\$1.00) Dollar par.

ARTICLE V.

The street address of the initial registered office of the corporation is 1200 S. Pine Island Road, Plantation, FL 33324, and the name of its initial registered agent at such address is CT Corporation System.

ARTICLE VI.

The mailing address of the Corporation is:

1200 South Pine Island Road
Suite 600
Plantation, FL 33324

ARTICLE VII.

The name and address of the incorporator is:

David C. Peck
1200 South Pine Island Road
Suite 600
Plantation, FL 33324

Date: 10-14-96

David C. Peck
Incorporator

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgments, personally appeared David C. Peck to me known to be the person described in and who executed the foregoing instrument and who acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 14th day of October, 1996.

My Commission Expires:

OFFICIAL NOTARY SEAL
MARY ANN D'AMATO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC772177

Notary Public in and for the State of Florida [SEAL]
Print Name: Mary ANN D'Amato

☒ Personally known or ☐ produced identification
Type of Identification Produced:

ACCEPTANCE OF APPOINTMENT

Pursuant to Section 48.091 and 607.037, Florida Statutes, the undersigned acknowledges and accepts it's appointment as registered agent of IMMI Managed Care Services, Inc. and agrees to act in that capacity and to comply with the provisions of the Florida General Corporation Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.325, Florida Statutes.

Date: 10/14/96

Barbara A. Burke
CT Corporation

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

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TALLAHASSEE, FLORIDA
STATE SECRETARY



THE UNITED STATES
CORPORATION
COMPANY

P96 000085027

ACCOUNT NO. : 072100000032

REFERENCE : 499575 4390339

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 18, 1997

ORDER TIME : 10:28 AM

ORDER NO. : 499575

CUSTOMER NO: 4390339

500002274895--3

CUSTOMER: Ms. Fran Soldo
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

CHANGE OF AGENT

NAME: IMMI MANAGED CARE SERVICES,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susana Romagosa

97 AUG 22 PM 12:12
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE
REGISTRATION

KRE
8/22
RJA-efcy

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,
Florida Statutes, the undersigned corporation organized under the laws of the State of
FLORIDA submits the following statement in order to change its registered office
or registered agent, or both, in the State Florida.

1a. The name of the corporation is: _____
IMMI MANAGED CARE SERVICES, INC.

1b. Date of incorporation: 10-15-96 Document number P96000085027

2. The name and address of the current registered agent and office:
C T CORPORATION SYSTEM

1200 SO. PINE ISLAND DRIVE PLANTATION FL 33324

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

CORPORATION SERVICE COMPANY

1201 Hays Street, Tallahassee, Florida 32301

The street address of its registered agent and the street address of the business office
of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by
an officer so authorized by the board.

August 13, 1997
DATE

SIGNATURE

Tracy P. Thrasher
Vice President and Secretary
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION 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 RELATIVE TO THE PROPER AND COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CORPORATION SERVICE COMPANY
DEBORAH D. SKIPPER
SIGNATURE BY: Deborah D. Skipper

DATE 8-15-97