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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

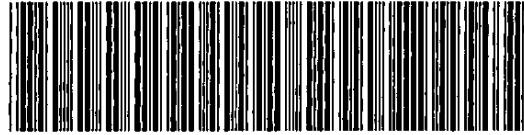
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pacific Medicaid Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christina Gamache

(Name of Person)

Pacific Medicaid Services, Inc.

(Firm/Company)

1120 Cherry Street, Suite 300

(Address)

Seattle, WA 98104

(City/State and Zip code)

For further information concerning this matter, please call:

Christina Gamache

(Name of Person)

at (206) 215-2333

(Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pacific Medicaid Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington

(State or country under the law of which it is incorporated)

3. 91-1729346

(FEI number, if applicable)

4. June 3, 1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1120 Cherry Street, Suite 300, Seattle, WA 98104

(Principal office address)

same as above

(Current mailing address)

8. provide uncompensated care management services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated corporation at the time of filing of this application, I hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance of my duties with and accept the obligations of my position as registered agent.

11. See attached the Dec under

(Registered agent's signature)

Signature must be duly authenticated, not more than 90 days prior to delivery of this application to the Secretary of State or other official having custody of corporate records.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gregory M. Moga, III

Address: 1120 Cherry Street, Suite 300
Seattle, WA 98104

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gregory M. Moga, III

Address: 1120 Cherry Street, Suite 300
Seattle, WA 98104

Vice President: Corey Shank

Address: 819 W. Seventh Ave
Spokane, WA 99204

Secretary: Gregory M. Moga, III

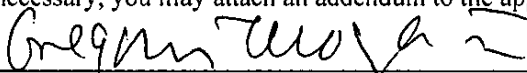
Address: 1120 Cherry Street, Suite 300, Seattle, WA 98104

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Gregory M. Moga, III, President

(Typed or printed name and capacity of person signing application)

FLORIDA

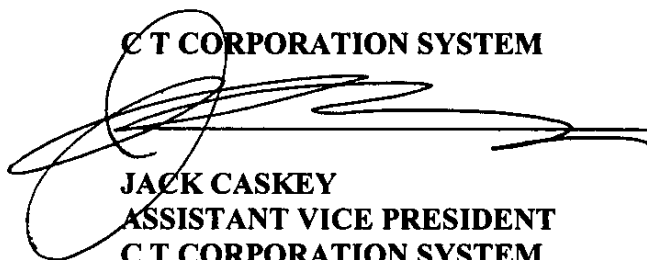
CONSENT TO APPOINTMENT AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Pacific Medicaid Services, Inc.

December 26, 2006

C T CORPORATION SYSTEM

A handwritten signature in black ink, appearing to read "JACK CASKEY", is written over the printed name and title. The signature is stylized with a large loop at the beginning and a long horizontal stroke.

**JACK CASKEY
ASSISTANT VICE PRESIDENT
C T CORPORATION SYSTEM**

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

PACIFIC MEDICAID SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/3/1996.

I FURTHER CERTIFY that as of the date of this certificate, PACIFIC MEDICAID SERVICES, INC. remains active and has complied with the filing requirements of this office.

Date: December 29, 2006

UBI: 601-723-885



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State