

F 12000002047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

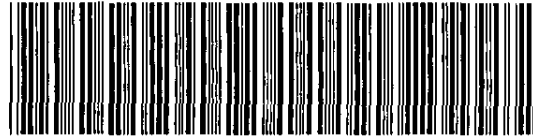
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
MAY 15 2012
2012 MAY 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Novitas Solutions, 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," or "Certificate of Good Standing" 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:

Harvey Dikter

Name of Person

Novitas Solutions, Inc.

Firm/Company

532 Riverside Avenue

Address

Jacksonville, FL 32202

City/State and Zip code

Harvey.Dikter@fcso.com

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

For further information concerning this matter, please call:

Serena Selzer

Name of Person

at (904) 791-6182

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

**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. Novitas Solutions, 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. Pennsylvania

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

3. 3664407

(FEI number, if applicable)

4. 7/27/2006

(Date of incorporation)

5. Perpetual

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

6. Have not begun transacting business as of the date of registration

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

7. 1800 Center Street, Camp Hill, PA 17089

(Principal office address)

Same

(Current mailing address)

8. Medicare Administrative Contractor

(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: Harvey Dikter

Office Address: 532 Riverside Avenue

Jacksonville

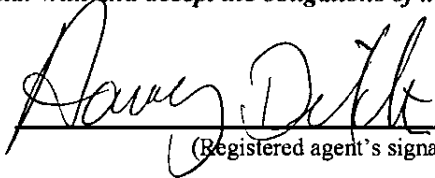
(City)

, Florida 32202

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Steve Booma

Address: 4800 Deerwood Campus Parkway
Jacksonville, FL 32246

Vice Chairman: _____

Address: _____

Director: Kathy Ledvina

Address: 1631 Moccasin Trail
Waukesha, Wisconsin 53189

Director: Guy Marvin, III

Address: 4741 Pirates Bay Drive
Jacksonville, FL 32210

B. OFFICERS

President: Sandra L. Coston

Address: 532 Riverside Avenue
Jacksonville, FL 32202

Vice President: _____

Address: _____

Secretary: Harvey Dikter

Address: 532 Riverside Avenue, Jacksonville, FL 32202

Treasurer: Tom Hinkson

Address: 1800 Center Street, Camp Hill, PA 17089

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Harvey Dikter, Secretary

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

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SECRETARY OF STATE
ALLAHUSSEIN FLORIDA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

MAY 10, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Novitas Solutions, Inc.

**Is duly incorporated as a Pennsylvania Corporation under the laws of the
Commonwealth of Pennsylvania and remains a subsisting corporation so far as
the records of this office show, as of the date herein.**

**I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not
imply that all fees, taxes, and penalties owed to the Commonwealth of
Pennsylvania are paid.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Carol Aichele

Secretary of the Commonwealth