

State of Idaho

Office of the Secretary of State

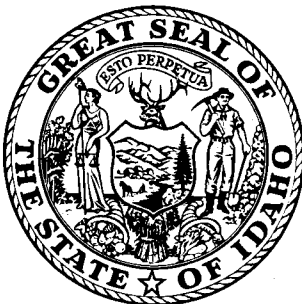
**CERTIFICATE OF REGISTRATION
OF
MANAGED CARE OF NORTH AMERICA, INC.**

File Number C 210499

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 15, 2016



Lawrence Denney
SECRETARY OF STATE

By *Mary Perkins*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 JUL 15 AM 9:02
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Managed Care of North America, Inc.
2. The name which it shall use in Idaho is: _____
3. Select the type of entity you wish to register: (Enter a number here only if you wish to adopt an alternate name)

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____	
4. Jurisdiction of formation: Florida (Provide the jurisdiction in which the entity was formed)
5. The address of its principal office is:
200 W. Cypress Creek, Suite 500, Fort Lauderdale, Florida 33309
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Jason S. Risch, Esq. 407 W. Jefferson St., Boise, Idaho 83702
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
Carlos Lacasa Secretary 200 Cypress Creek, Ste 500, Fort Lauderdale, FL 33309

Typed Name: Carlos Lacasa

Signature: _____

Capacity: Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE
07/15/2016 05:00
CK:5742 CT:232975 BH:1537634
1@ 100.00 = 100.00 FOR REG ST #2

C 210499

State of Florida

Department of State

I certify from the records of this office that MANAGED CARE OF NORTH AMERICA, INC. is a corporation organized under the laws of the State of Florida, filed on May 3, 1991.

The document number of this corporation is S50584.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on March 15, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixteenth day of June, 2016*



Ken Detjen
Secretary of State

Tracking Number: CU696777201

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>