

F0700000911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

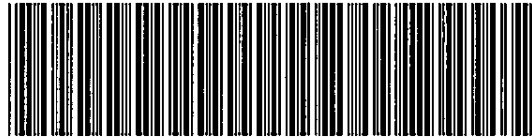
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200085558132

02/19/07--01001--022 \*\*70.00

RECEIVED  
07 FEB 16 PM 4:09  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE

FILED  
07 FEB 16 AM 11:13  
TALLAHASSEE, FLORIDA  
STATE

J. Blaine  
FEB 19 2007  
6 1 85



CT

a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctlegalsolutions.com

February 16, 2007

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6854290 SO  
Customer Reference 1: None given  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Eldercare Solutions, Inc. (CA)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley.Mitchell@wolterskluwer.com

FILED  
07 FEB 16 AM 11:13  
SECRETARY OF STATE  
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. Eldercare Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Silverline Eldercare Inc

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

2. California 3. 16-1684029  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 29 July, 2003 5. Perpetual  
(Date of incorporation) (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. 4660 La Jolla Village Drive, Suite 680, San Diego, CA 92122  
(Principal office address)

4660 La Jolla Village Drive, Suite 680, San Diego, CA 92122  
(Current mailing address)

8. In Home Non Medical Healthcare  
(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)

FILED  
07 FEB 16 AM 11:13  
STATE  
TALLAHASSEE, FLORIDA

**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.*

C T Corporation System

By: M. T. Fitzpatrick  
(Registered agent's signature)

M.T. FITZPATRICK  
ASSISTANT SECRETARY

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.

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

**A. DIRECTORS**

Chairman: John A. Kiriaze

Address: 5524 Shannon Ridge Ln., San Diego, CA 92130

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: John A Kiriaze

Address: 5524 Shannon Ridge Ln. San Diego, CA 92130

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

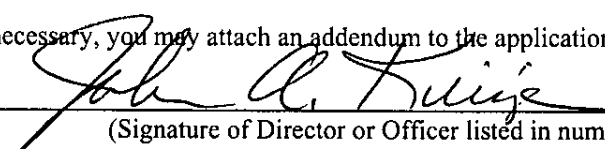
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. John A. Kiriaze

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

FILED  
07 FEB 16 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **29th day of July 2003**, **ELDERCARE SOLUTIONS, INC.**, became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of February 2, 2007.



*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**