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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

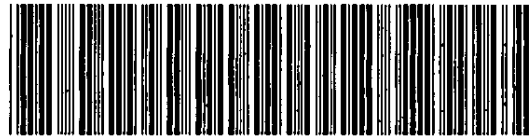
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/07--01036--003 **87.50

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TALLAHASSEE, FLORIDA

J. Shivers JUN 27 2007

1-452-7003

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Commonwealth Home Health Care, 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:

Michele P. Alderson
(Name of Person)
Commonwealth Home Health Care, Inc.
(Firm/Company)
479 Piney Forest Rd.
(Address)
Wanville, VA 24540
(City/State and Zip code)

For further information concerning this matter, please call:

Michele P. Alderson at (434) 797-2332
(Name of Person) (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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Commonwealth Home Health Care Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Virginia 3. 54-12116573
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 28, 1982 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 479 Piney Forest Rd, Danville, VA 24540
(Principal office address)
479 Piney Forest Rd, Danville, VA 24540
(Current mailing address)

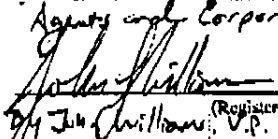
8. To fulfill contract requirements of contract SOLVA-573-06-RP-004 for Gainesville, Florida VA Hospital
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name Agents and Corporations, Inc.
 Office Address: 300 Fifth Ave south, suite 101-330
Naples, Florida 34102
(City) (Zip Code)

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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.

Agents and Corporations, Inc.

(Registered agent's signature)
John Williams, V.P.

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: Wanny L Jones

Address: 479 Piney Forest Rd
Danville, VA 24540

Vice Chairman: Robert F. Warren

Address: 479 Piney Forest Rd.
Danville, VA 24540

Director: Robert S McFarland

Address: 479 Piney Forest Rd.
Danville, VA 24540

Director: Jack V. Thomson, II

Address: 479 Piney Forest Rd.
Danville, VA 24540

B. OFFICERS

President: Wanny L Jones

Address: 479 Piney Forest Rd
Danville, VA 24540

Vice President: Robert F Warren

Address: 479 Piney Forest Rd
Danville, VA 24540

Secretary: Robert S. McFarland

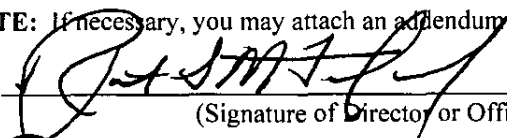
Address: 479 Piney Forest Rd. Danville, VA 24540

Treasurer: Jack V Thomson, II

Address: 479 Piney Forest Rd, Danville, VA 24540

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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. Robert S. McFarland
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

COMMONWEALTH HOME HEALTH CARE, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 28, 1982.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 15, 2007*

Joel H. Peck
Joel H. Peck, Clerk of the Commission