

B12000000284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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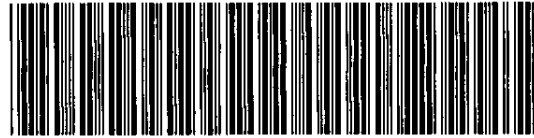
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C. LEWIS

DEC -5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H&R Healthcare, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Shira Atlas

Contact Person

H&R Healthcare

Firm/Company

1750 Oak Street

Address

Lakewood, NJ 08701

City, State and Zip Code

Shiraa@handchealthcare.com

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

For further information concerning this matter, please call:

Shira Atlas

Name of Contact Person

at (732) 367-5533 x121

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input checked="" type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
 LIMITED LIABILITY LIMITED PARTNERSHIP
 TO TRANSACT BUSINESS IN FLORIDA

1. H&R Healthcare, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
 Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
 Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. New Jersey

State or Country of Formation

3. December 20, 1994

Date of Formation

4. Federal Employer Identification Number: 223324234

5. Name of Registered Agent for Service of Process and Florida Street Address:

Dyanne Black

1100 Southeast 5th Court # 43

Pompano Beach, FL 33060

6. 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.

Dyanne Black

Signature of Registered Agent

7. Principal Office:

1750 oak street

Lakewood, NJ 08701

8. Mailing Address:

1750 oak street

Lakewood, NJ 08701

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: H&RHC, INC

FI2000004880

Name of General Partner:

Street Address: 1472 Cedar Row

Lakewood, NJ 08701

Street Address:

Mailing Address: 1472 Cedar Row

Lakewood, NJ 08701

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

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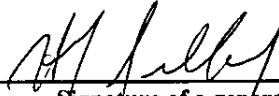
Mailing Address: _____

Mailing Address: _____

11. Effective date, if other than the date of filing: 11/12/12

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 15th day of November, 20 12

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES**

H&R HEALTHCARE, L.P.

0600017119

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Limited Partnership was registered by this office on December 20, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Hindy Silberberg
1750 Oak St.
Lakewood, NJ 08701*



Certification# 126535127

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
15th day of November, 2012*

*Andrew P. Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp