

F000000001206

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Doctors Rehab & Therapy, Inc.
(Name of corporation - must include suffix)

RECEIVED
FEB 29 PM 1:00
QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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:

800002821968--3
-03/29/99-01108-004
*****78.75 *****78.75

Michael J. Kitchen
(Name of Person)

800002821968--3
-03/02/00-01003-004
***2300.00 ***2300.00

Perennial Health Systems, Inc.
(Firm/Company)

325 W. Main St. Suite 1400B
(Address)

Louisville, Ky. 40202
(City/State/Zip)

W99-7679
Pg. 699

Should you need to call someone concerning this matter, please call:

Michael Kitchen at (502) 568-8923
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

AL

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 31, 1999

MICHAEL J. KITCHEN
PERENNIAL HEALTH SYSTEMS, INC.
325 W. MAIN STREET, SUITE 1400B
LOUISVILLE, KY 40202

SUBJECT: DOCTORS REHAB & THERAPY INC.
Ref. Number: W99000007679

RECEIVED
MAY 11 1999
11:00 PM
FEDERAL DEPARTMENT OF STATE

We have received your document for DOCTORS REHAB & THERAPY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 099A00016120



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 13, 1999

MICHAEL J. KITCHEN
PERENNIAL HEALTH SYSTEMS, INC.
325 W. MAIN STREET, SUITE 1400B
LOUISVILLE, KY 40202

SUBJECT: DOCTORS REHAB & THERAPY INC.
Ref. Number: W99000007679

FILED
STATE
00 FEB 29 PM 1:00
TALLAHASSEE, FLORIDA

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 899A00018531



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 30, 1999

MICHAEL J. KITCHEN
PERENNIAL HEALTH SYSTEMS, INC.
325 W. MAIN ST., SUITE 1400B
LOUISVILLE, KY 40202

SUBJECT: DOCTORS REHAB & THERAPY, INC.
Ref. Number: W99000007679

RECEIVED
DIVISION OF CORPORATIONS
00 FEB 29 PM 1:00

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for DOCTORS REHAB & THERAPY, INC..

The referenced application states that the corporation has transacted business in the State of Florida since December 15, 1997. You were notified by letter dated April 13, 1999, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$2300.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey
Document Specialist Supervisor Letter No. 099A00047731

Enclosure



PERENNIAL HEALTH SYSTEMS, INC.
A partner in patient care

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 29 PM 1:00

February 24, 2000

Ms. Agnes Lunt
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

SUBJECT: DOCTORS REHAB & THERAPY INC.
Reference Number: W99000007679

Dear Ms. Lunt:

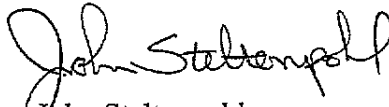
Enclosed is check number 11778 for filing fees in the amount of \$2,300 to be applied to the above reference number.

Additionally, please change the mailing address and send all future correspondence as follows:

Mr. David Lester, CFO
Perennial Health Systems, Inc.
325 W. Main Street, Suite 1400B
Louisville, KY 40220

Thanking you in advance for your assistance.

Sincerely,


John Steltenpohl
Senior Accounting Supervisor

JS:gjc
Enclosure

c: David Lester

**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. Doctors Rehab & Therapy, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. Kentucky 3. 61-1319830
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/12/97 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/15/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 325 West Main Street, Suite 1400B, Louisville, Ky. 40202
(Current mailing address)

8. Operation of therapy clinic
(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 or Mail Drop Box NOT acceptable)

Name: Doug Olsen

Office Address: 13610 Wright Circle

Tampa, Florida, 33626
(Zip code)

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DIVISION OF CORPORATIONS
FEB 29 PM 1:00

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.

X Doug Olsen
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: see attached list of Directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: see attached list of officers

Address: _____

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. _____

Michael J. Kitchen
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Michael J. Kitchen, Secretary
(Typed or printed name and capacity of person signing application)

00 FEB 29 PM 1:00
SCHOOL OF STATISTICS
ENVIRONMENTAL ORGANIZATIONS

DOCTORS REHAB & THERAPY, INC.

1999 OFFICERS AND DIRECTORS

OFFICERS

David V. Hall President
325 West Main Street Suite 1400B
Louisville, Kentucky 40202

Frank Littriello Treasurer
325 West Main Street Suite 1400B
Louisville, Kentucky 40202

Michael J. Kitchen Secretary
325 West Main Street Suite 1400B
Louisville, Kentucky 40202

DIRECTORS

David V. Hall
325 West Main Street Suite 1400B
Louisville, Kentucky 40202

00 FEB 29 PM 1:00
KENTUCKY
STATE
OFFICE OF
RECORDS



John Y. Brown III
Secretary of State

Certificate of Existence

00 FEB 29 PM 1:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

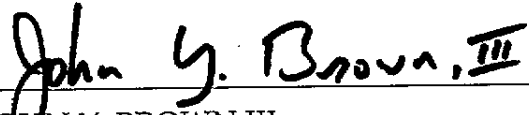
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

DOCTORS REHAB & THERAPY, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is December 12, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of March, 1999.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
Jgreen/0442718